

HIV/AIDS

SSO4

ANNUAL REPORT

OCTOBER 1, 2001–SEPTEMBER 30, 2002

Strategic Support Objective 4:

Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

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POLICY PROJECT

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I. Introduction/Background

A. Summary Project Description

POLICY II began on July 7, 2000 and continues until July 6, 2005. The Futures Group International implements the project in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA). This report covers POLICY's HIV/AIDS activities and accomplishments during the period from October 1, 2001 to September 30, 2002.

The POLICY Project endeavors to improve policies affecting family planning/reproductive health (FP/RH), HIV/AIDS, and maternal health programs and services in developing countries. Multisectoral collaboration, community empowerment, respect for human rights and gender equality, and support for vulnerable populations, including orphans and other children affected by HIV/AIDS, characterize POLICY's approach to policy and program development. In working to promote and sustain access to high-quality FP/RH, HIV/AIDS, and maternal health services, the project addresses the full range of policies, including:

- National policies as expressed in laws and official statements and documents;
- Operational policies that govern the provision of services;
- Policies that impact gender, youth, and human rights; and
- Policies and plans in related sectors, such as education, labor, and the environment.

To achieve its main objective, the project strives to

- Broaden and strengthen political and popular support to ensure commitment to—and build an enabling environment for—effective HIV/AIDS policies and programs;
- Improve planning and financing mechanisms to provide the resources and operational arrangements needed to implement policies and programs, and also to prevent the inefficient use of the new resources;
- Provide and disseminate accurate, up-to-date, and relevant information that serves as the foundation for sound policy decision making; and
- Enhance in-country and regional capacity to participate in policymaking processes and thereby contribute to the long-term sustainability of policies and programs.

The POLICY Project's HIV/AIDS portfolio has grown considerably in recent years. The project receives funding from USAID's Office of Population and Reproductive Health (OPRH), Office of HIV/AIDS (OHA), regional bureaus (including Africa and Asia and the Near East), and individual country missions to achieve the following SSO4 Intermediate Results (IRs):

- 4.3 Improved knowledge about and capacity to address the key policy, cultural, financial, and other contextual constraints to preventing and mitigating the impacts of HIV/AIDS;
- 4.4 Strengthened and expanded private sector organizations in delivering HIV/AIDS information and services; and
- 4.5 Improved availability of, and capacity to generate and use, data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts.

POLICY's Approach to HIV/AIDS

The POLICY Project embraces a multisectoral approach to HIV/AIDS. The challenge of HIV/AIDS cannot be addressed effectively if it is treated narrowly as a public health or medical issue alone. HIV/AIDS is interconnected with and exacerbated by a host of factors (e.g., human rights, poverty, gender), and it has the ability to affect all sectors of society. Meaningful strategies to prevent the spread of HIV, care for people living with HIV/AIDS (PLWHA), and mitigate the impacts of the epidemic require the mobilization and coordination of efforts and resources across sectors.

The POLICY Project collaborates with a range of in-country partners to strengthen support for and enhance the *synergy* of broad-based, multisectoral HIV/AIDS policies and programs. Enhancing personal and institutional capacity to respond to the ever-increasing demands of the epidemic stimulates improved policy, program, and operational responses, which also encourages increased funding at global, national, and local levels.

POLICY's HIV/AIDS Partners

A key component of POLICY's approach to improving HIV/AIDS programs and services is to build in-country capacity to participate in and contribute to policymaking processes. To do this, POLICY collaborates with a variety of government and civil society counterparts.

- ***Government Departments and Agencies.*** The POLICY Project's government partners include national AIDS councils, national AIDS control programs, and relevant departments at the national and local levels (e.g., health, education, labor, welfare, finance, uniformed services, women, social services, and transportation). POLICY works with these government entities to develop guidelines, strategic plans, operational policies, and financing mechanisms to address HIV/AIDS. POLICY also assists individual parliamentarians and coalitions of lawmakers in making HIV/AIDS a national priority and strengthening commitment to address the epidemic. In addition, POLICY facilitates law and policy reviews to encourage compliance with international human rights standards. The project's computer simulations enhance policymakers' understanding of the impacts of HIV/AIDS and the costs and benefits of different policy and program strategies.
- ***PLWHA Associations.*** POLICY's work with PLWHA associations and networks builds on international standards and guidelines, including the Greater Involvement of People Living with or Affected by HIV/AIDS (GIPA) Principle and the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS. Until PLWHA are meaningfully involved in policymaking, program design, and community mobilization, prospects for addressing the HIV/AIDS epidemic will be diminished. The POLICY Project encourages the active policy engagement of PLWHA by building the capacity of national, regional, and international associations of PLWHA. POLICY is also active in developing strategies to help PLWHA confront stigma and discrimination; strengthen the ability of PLWHA networks to exercise and advocate for human rights protections; and facilitate regional and international collaboration.
- ***Faith-based Organizations.*** Faith-based organizations (FBOs) in developing countries not only provide spiritual guidance for their followers, they are also often the primary providers of a variety of local health and social services. Situated within communities and building on relationships of trust and respect, FBOs also have the ability to influence the attitudes and behaviors of their fellow community members. POLICY provides technical assistance to FBOs with the aim of strengthening their capacity to provide care and support services for PLWHA, as well as reduce the stigma and silence surrounding HIV/AIDS.

- ***World of Work.*** The POLICY Project collaborates with organizations in the world of work, such as trade unions and business associations, to develop appropriate workplace HIV/AIDS policies and programs. These policies and programs should eliminate discrimination against PLWHA, safeguard employee benefits (e.g., health insurance and leave), and serve as a conduit for awareness-raising and prevention efforts. POLICY also works with civil society groups to raise awareness of the rights of PLWHA in the employment sector, and has contributed to the development of postgraduate programs that focus on training students how to deal with HIV/AIDS and employment issues. In addition, POLICY uses computer models, such as the AIDS Impact Model (AIM) and GOALS, to project the demographic characteristics and effects of the epidemic, as well as the economic consequences of HIV/AIDS and the relative costs and benefits of different strategies to combat the disease.
- ***Development Nongovernmental Organizations (NGOs).*** HIV/AIDS has the potential to reverse—and hinder the future achievement of—hard won economic and human development gains in many countries. The epidemic can diminish workforces, limit educational opportunities, marginalize vulnerable groups, exacerbate poverty levels, usurp resources, and bring about other consequences that negatively impact a nation's development. The POLICY Project seeks to mainstream HIV/AIDS issues into the activities of NGOs operating in the development sector, including professional associations, women's and youth groups, and environmental organizations. POLICY provides technical and logistical assistance to NGOs to improve understanding of the links between HIV/AIDS and development, as well as enhance advocacy, strategic planning, financing, and monitoring and evaluation capabilities with regard to HIV/AIDS.

Operationalizing POLICY's HIV/AIDS Work

The POLICY Project engages in a range of activities to facilitate the development of policies that effectively address HIV/AIDS and mitigate the impacts of the epidemic. These activities are described below.

- ***Advocacy and Awareness Raising.*** POLICY's advocacy efforts are designed to build political and popular support for multisectoral HIV/AIDS policies and programs. POLICY conducts training workshops with a wide range of stakeholders to enhance their ability to design, implement, and evaluate advocacy campaigns to increase support for specific HIV/AIDS issues. In doing so, the project involves actors not traditionally included in policy processes, such as civil society groups, NGOs, FBOs, PLWHA networks, women's groups, health care providers, professional associations, research institutions, individual policy champions, and others. Awareness-raising efforts also seek to inform groups, particularly PLWHA and other vulnerable groups, about their human and legal rights.
- ***Strategic Planning, Resource Allocation, and Policy Formulation.*** POLICY works with government programs and civil society and private sector organizations to conduct strategic planning exercises that include broad participation and result in realistic action plans to achieve specific goals. A primary objective is to ensure that financing mechanisms and operational policies are in place to carry out the strategic plans and national policies. To further enhance understanding of the economic impact of HIV/AIDS, POLICY staff are also active in maintaining and participating in the International AIDS-Economics Network (IAEN), whose collaborators include the World Bank and USAID. This network of economists and interested professionals meets regularly, both in-person and electronically, to review and discuss the latest information on the economic impacts of the epidemic and program financing.
- ***Information for Decision Making.*** The POLICY Project is active in developing insightful policy analysis tools and informational products that are accessible to a variety of audiences. To begin with, POLICY has developed a composite index for measuring the degree to which the in-country policy

environment is supportive of policies and programs. In addition, in conjunction with USAID, UNAIDS, and others, POLICY developed the *AIDS Program Effort Index*, which measures the level of effort in country responses to the epidemic. The project also utilizes and provides training in the use of computer models, such as AIM, GOALS, and EPP (Epidemic Projection Package). These computer models project the social and economic consequences of HIV/AIDS, estimate current and future national HIV prevalence rates, calculate the costs and benefits of different strategies, and more. POLICY also supports research intended to improve our understanding of the processes that lead to successful policies and maintains a comprehensive database of HIV/AIDS policy statements that can be searched via the Internet.

- ***Capacity Building and Training.*** At each step of the policy process—advocacy, resource allocation, research and monitoring, policy reform, and so on—the POLICY Project seeks to build the capacity of its in-country partners. POLICY provides training and technical assistance on a variety of issues and activities, including developing campaigns, using computer models, conducting strategic planning exercises, and forming networks and partnerships around HIV/AIDS issues. Capacity building fosters the development of in-country policy champions and ensures the sustainability of efforts to develop lasting, meaningful approaches to address HIV/AIDS.

POLICY's Crosscutting HIV/AIDS Issues

POLICY has identified three crosscutting issues that must be integrated into aspects of the project's work, whether it be strengthening popular support, formulating policies, generating information, or building capacity.

- ***Human Rights.*** Reducing stigma and discrimination and promoting human rights are priorities for the POLICY Project. POLICY views human rights not just as one important aspect of HIV/AIDS policies and programs; rather, they are the very foundation on which effective strategies to address the epidemic must be built. POLICY's activities in this arena are designed to improve understanding of the human rights issues related to HIV/AIDS and provide strategies to address these issues. This involves legal reviews and recommendations for policy and legislative reform; the development of indicators to measure human rights abuses and evaluate programs on the basis of human rights criteria; advocacy and awareness raising to reduce stigma associated with HIV/AIDS; and capacity building to help PLWHA confront stigma and discrimination.
- ***Gender.*** Men and women experience HIV/AIDS differently depending on gender. "Gender" refers to the characteristics, roles, and identities that societies assign to groups of people based on their sex and sexuality. Men and women's ability to benefit from prevention, care, support, and mitigation policies and programs differs according to the particular context's gender relations. POLICY promotes gender-sensitive approaches and works to enhance understanding of the interrelationships between gender and HIV/AIDS (e.g., gender-based violence or the special needs of men-who have-sex-with-men (MSM)). POLICY staff are also active in the Interagency Gender Working Group (IGWG) and its Task Force on Gender and HIV/AIDS.
- ***Youth, Orphans, and Other Vulnerable Children.*** Youth have special needs when it comes to HIV/AIDS policies and programs, including access to youth-friendly services and protection from harmful practices, but they also require programs that enhance life choices and opportunities (e.g., education, employment). In addition, the epidemic has given rise to the phenomenon of AIDS orphans and other vulnerable children (OVC), who are affected both physically and emotionally. The POLICY Project works with governments and civil society partners to review and develop policies that address youth and OVC issues. The project also conducts and disseminates research on the demographic impacts of HIV/AIDS and facilitates advocacy for youth and OVC issues.

In these ways, the POLICY Project encourages a multisectoral approach that encompasses target issues and populations that are critical to the success of HIV/AIDS policies and programs.

B. Summary of Activities

HIV/AIDS activities are carried out with core funds from the OHA, from various regional bureaus (Africa and ANE), and with field-support funds from USAID Missions in individual countries. Core and regional bureau funds for HIV/AIDS are used to

- Advance and update our technical knowledge around global HIV/AIDS trends within a multisectoral framework;
- Demonstrate or test new and innovative approaches toward tackling issues of global HIV/AIDS policy constraint; and
- Shed light on a critical HIV/AIDS policy issues that otherwise would not be funded by a Mission.

During the past year, POLICY conducted the following activities with HIV/AIDS core funding.

Global

- **Asociación Para La Salud Integral Y Ciudadanía De América Latina (ASICAL).** POLICY supports ASICAL in the development of tools and local capacity among MSM in Latin America and for the subsequent development and implementation of advocacy campaigns for effective HIV/AIDS prevention. Planning began for three milestone activities: (1) production of a training manual on advocacy to promote men's health for effective HIV/AIDS prevention among MSM; (2) training of trainers in advocacy strategies; and (3) development and support of advocacy plans to promote men's health for effective HIV/AIDS prevention among MSM in 11 countries in Latin America. Research and consideration of the conceptual basis for the training manual also occurred this reporting period.
- **Human Rights.** The purpose of POLICY's support for human rights activities is to create a shared understanding of critical issues in human rights as applied to HIV/AIDS and to promote a rights-based approach in core-funded and field activities. Major activities completed during the reporting period include:
 - Creating a tabular presentation on *Human Rights in POLICY*, designed to facilitate orientation and access to international human rights instruments of significance to POLICY country activities.
 - Organizing HIV/AIDS-related brown bag lunch presentations, including "Stigma and Discrimination" and "Applications of the AIDS Program Effort Index (API)."
 - Serving as co-chair of the USAID stigma and discrimination working group—which prepared indicators on stigma and discrimination—as part of USAID's preparation of a revised "expanded response" *Handbook of Indicators, 2002*.
 - Creating a searchable database of international human rights documents—by country, by legally binding document, by standard-setting document, or by a specific right—of significance to POLICY core and country activities.
- **Zambia Institute of Mass Communication (ZAMCOM).** ZAMCOM continued its media campaign on the employment rights of PLWHA using television and newspaper advertisements.

ZAMCOM also completed a brochure on the employment rights of PLWHA. The ZAMCOM campaign identifies the Human Rights Referral Center, administered by the Network of Zambian People Living with HIV/AIDS (NZP+), as a referral group for people who believe that their employment rights have been infringed because of their HIV status. Clients visiting the center stated they saw advertisements about their rights and about center services on television, in newspapers, or in ZAMCOM-produced brochures. Women and Law in Southern Africa (WLSA) also completed and published a manual on laws and regulations related to HIV/AIDS and human rights, titled *Guidelines on Employment, HIV/AIDS, and Human Rights*. In March 2002, POLICY was informed of \$1.8 million in field support for Zambia, in response to the US mission request for POLICY to expand and develop an HIV/AIDS program in Zambia that will be responsive to the Mission and Zambian priorities. Continuing human rights and workplace programs and strengthening the Human Rights Referral Center will continue as part of strengthening the multisectoral approach.

- **CORE Initiative.** The POLICY Project is the implementing partner for USAID's Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative, which targets technical and financial assistance to faith- and community-based organizations addressing HIV/AIDS and mitigating the impacts of the epidemic at the local level. The CORE Initiative's work is being advanced through four primary components: conferences and workshops, empowerment grants, demonstration projects, and the Online Resource Center (<http://www.coreinitiative.org>). The major activities completed during the reporting period include:
 - *First International Muslim Leaders' Consultation on HIV/AIDS.* Under the leadership of the Islamic Medical Association of Uganda (IMAU), and with support from the CORE Initiative, the "First International Muslim Leaders' Consultation on HIV/AIDS" brought together 86 Muslim community and other international representatives from more than 20 countries across Africa, Asia, the Middle East, and North America. The consultation, held in Kampala, Uganda, from November 1–4, 2001, marked the first time Muslim leaders have come together in an international forum to collaborate on HIV/AIDS. The delegates developed a "way forward" strategy document, pledged to disseminate the action plan and conduct follow-up workshops in their countries, and planned to convene a second consultation in Malaysia in April 2003. (This follow-up consultation will be funded with ANE funds, and the preliminary agenda incorporates many of these initial recommendations.)
 - *Empowerment Grants Program.* POLICY managed two rounds of empowerment grant applications, including solicitation of applications, selection of the short list of applicants, coordination of the final review and selection process, and distribution of award letters and funds. The grants program received more than 820 applications from more than 70 countries. To date, over \$210,000 in empowerment grants has been awarded to 45 faith- and community-based organizations from 29 countries.

An illustrative example of the grants program was the funding of Ohioma Foundation for Development in Nigeria. With a small grant of less than \$5,000, it was able to accomplish the following activities:

- Conduct a baseline of AIDS orphans in Otukpo local government area (LGA) and establish a register of their present contact addresses for ease of reference.
- Work with the LGA's Social Welfare Department to devise a plan for adoption of orphans.
- Form village AIDS orphans support committees that will serve as gatekeepers and link with any individual intending to provide help for the orphans.

- Hold advocacy and sensitization meetings with community leaders to inform them on their collective responsibilities for the welfare of AIDS orphans from their communities.
- Establish a model farm (piggery), which will serve as seed stock production for helping to establish animal husbandry for the foster parents and caregivers of the orphans.
- Help caregivers to establish their own income-generating activities so they can use proceeds from the project to support the orphans.
- Link caregivers with any funding agencies that can support income-generating activities.
- Initiate adoption proposals and advertise with local community-based organizations (CBOs), NGOs, and international agencies for interested sponsors and adopters of orphans.
- Help facilitate legal requirements for adoption of orphans.
- Share lessons learned with Otukpo LGA, state governments, CBOs, and other agencies that show interest in caring for the needs of AIDS orphans.

Other small grant awardees have made equally large contributions at the community level.

- *Anglican Church of the Province of Southern Africa Demonstration Project.* As the first international demonstration project for the CORE Initiative, POLICY Project began its support to the worldwide Anglican Communion by developing a strategic planning process for the All Africa Anglican Conference on HIV/AIDS, held in South Africa in August 2001. This event hosted more than 150 representatives from across Africa, 12 provinces of the Communion, PLWHA, donors, government, and pharmaceutical companies in developing a template for strategic planning across the 33 million members of the Anglican Communion in Africa. POLICY facilitated the planning sessions for the conference and helped design a tool to monitor implementation of the “Anglican Communion HIV/AIDS Strategic Framework,” which was developed during the conference to guide the Church’s HIV/AIDS responses. Following the All Africa Conference, POLICY developed a comprehensive planning manual, entitled *Planning Our Response to HIV/AIDS: A Step-by-Step Planning Guide for the Anglican Communion*, to guide the HIV/AIDS strategic planning process across sub-Saharan Africa. This planning model is available in print, on CD-ROM, or via the Internet. Furthermore, using the planning model, POLICY facilitated the formulation of HIV/AIDS plans in 22 dioceses across the Church Province of Southern Africa (CPSA), culminating in the finalization of the overall HIV/AIDS Strategic Plan for the CPSA, which was released in July 2002. More than 1,000 people have participated in this process, and the resulting 22 diocesan plans and the overall Strategic Plan are focused on the six pillars of the “Anglican Communion HIV/AIDS Strategic Framework,” namely: Care, Prevention, Counseling, Pastoral Care, Death and Dying, and Leadership.

POLICY prepared a report, which included the booklet *African Tales for Canterbury*, that the Archbishop of Cape Town, the Most Reverend Njongonkulu Ndungane, presented to the Primates of the Anglican Communion in April 2002. Following this presentation and as a result of the success following the All Africa Anglican Conference, the Archbishop of Cape Town was asked to lead the Anglican Church’s policy development and global strategy. On April 16, 2002, the Anglican Primates released a Statement of Anglican Primates on HIV/AIDS, reaffirming their commitment to address HIV/AIDS and implement the Anglican Communion HIV/AIDS Strategic Framework globally. This was the church’s first international HIV/AIDS policy statement.

POLICY also assisted in the development of a multimedia presentation to the Anglican Church Council—the highest decision-making body of the Anglican Communion—which took place in Hong Kong on September 18, 2002. The presentation provided an overview of the HIV/AIDS strategies and policy frameworks that have been developed subsequent to the All Africa Conference on HIV/AIDS held in South Africa in August 2001.

POLICY has also facilitated the development of the first draft of a Wellness Management curriculum, developed to build the capacity of the Anglican Mother's Union and Women's Fellowship to extend community-based care and support services to those infected and affected by HIV/AIDS. This component of the CORE Initiative is being funded with USAID/South Africa field support funds and reflects additional buy-in since the commencement of this core-funded initiative.

- *Women's Initiative on Gender, Faith, and Responses to HIV/AIDS in Africa Demonstration Project.* The CORE Initiative is collaborating with the Yale Divinity School to launch the "Women's Initiative on Gender, Faith, and Responses to HIV/AIDS in Africa." As a first step, the CORE Initiative and Yale Divinity School hosted a conference in New Haven, Connecticut, from February 27–March 3, 2002, on the topic of "Gender, Faith, and HIV/AIDS in Africa." The conference brought together women theologians from 16 countries and 22 faiths. Through personal testimony and theological and ethical discussion, the participants explored their own and their faith communities' roles in the response to the HIV/AIDS epidemic. A database entitled "Project on Gender, Faith, and Response to HIV/AIDS Database" was added in September to the Online Resource Center.
- *Online Resource Center.* The Online Resource Center was publicized and launched at a USAID press conference officially launching the CORE Initiative on November 30, 2001, as part of USAID's World AIDS Day Activities. The website includes a variety of resources related to the initiative and to work with faith- and community-based organizations and HIV/AIDS including databases of faith-based organizations, tools for community-based organizations, newsletters, and a listing of recent news and upcoming events.
- *Circle of Concerned African Women Theologians Conference on HIV/AIDS.* The CORE Initiative partnered with seven other organizations to hold a four-day conference entitled, "Sex, Stigma, and HIV/AIDS—African Women Challenging Religion, Culture, and Social Practices," in August 2002. One hundred women representatives from African countries presented strategy papers to challenge religious, cultural, and social practices that enhance the spread of HIV AIDS on the continent.
- *Organization of African Instituted Churches (OAIC).* In the first year of POLICY's support to OAIC, POLICY was able to mobilize 154 leaders in seven countries to critically analyze HIV/AIDS and the underlying causal factors within their church communities. Church leaders then committed themselves to critical issues that will be dealt with in the communities where the churches serve. These issues include:
 - Unclear theological positions and biblical interpretations that stigmatize PLWHA;
 - Cultural practices that expose people to HIV/AIDS infection, yet are considered acceptable in some church communities;
 - Poverty;
 - Marginalization of women;

- Failure to respond to the needs of youth and children;
- Lack of capacity to deal with AIDS among affiliated churches; and
- Inadequate leadership commitment.

In addition, OAIC also built capacity by training trainers, church/community enablers, and communities, and provided HIV/AIDS care services at the community level.

- **XIVth International HIV/AIDS Conference: Barcelona.** POLICY's presence at the International HIV/AIDS Conference in July 2002 provided the opportunity to showcase a number of policy achievements, directions, and future trends. In particular, POLICY supported and participated in several events including:
 - *Canadian HIV/AIDS Legal Network Pre-conference Satellite Session on "Putting Third First: Vaccines, Access to Treatment, and the Law."* The meeting gave participants from both developing and developed countries the opportunity to discuss two critical and concrete issues in substantial depth: discrimination and legal strategies to advance the human rights of those most vulnerable to HIV/AIDS. POLICY chaired the session on HIV vaccines.
 - *Preconference Workshop on "Gender and HIV: Preliminary Findings on Issues, Programming, and Priorities Within the USAID Community."* The USAID Interagency Gender Working Group (IGWG) Gender and HIV Task Force—co-chaired by POLICY—held a workshop to share findings from the recently completed assessment by the IGWG Gender and HIV Task Force. The workshop also provided the platform to highlight the important linkages between HIV/AIDS, gender, and vulnerability.
 - *Preconference Symposium, "The Economics of HIV/AIDS in Developing Countries."* POLICY collaborated with other organizations that are involved in finance and planning issues associated with HIV/AIDS. Prior to the Barcelona conference, POLICY, along with the World Bank, WHO, UNAIDS, MERCK, and ANRS sponsored the International AIDS and Economics Network (IAEN) two-day Preconference Symposium on "The Economics of HIV/AIDS in Developing Countries." The successful symposium encouraged young researchers to present innovative work from the field while giving them the opportunity to meet some of the leading names in AIDS and Economics. Fifteen papers collected during IAEN's second call for papers on issues of HIV/AIDS and economics were presented during the symposium. Topics spanned a variety of issues including the cost-effectiveness of prevention, costs of treatment, and the household, sectoral and macroeconomic impacts of the epidemic. The papers are published in *State of the Art: AIDS and Economics*.
 - *CORE Initiative Report.* At the Barcelona conference in July, POLICY released the CORE Initiative report, *Coming Together, Caring Together*. Covering CORE Initiative activities from January 2001 through June 2002, the report highlights lessons learned, such as the needs for galvanizing commitment, building capacity, collaborating, disseminating accurate, objective information on HIV/AIDS, and working within the context of local communities. *Coming Together, Caring Together* showcases successful approaches to engaging faith- and community-based organizations in HIV/AIDS dialogue, prevention, care and support activities.
 - *Satellite and Special Sessions.* POLICY also supported the following USAID satellite sessions:

- “Stigma and Discrimination: Lessons Learned from the Field” highlighted activities and interventions that have successfully reduced stigma including provider training, community mobilization, peer education, and faith-based activities. POLICY staff from Mexico and South Africa contributed lessons learned from the field.
 - “Scaling Up: Grounded Realities” explored critical elements of program scale-up based on country experience regarding scaling up VCT services and expanding the role of NGOs and ARVs.
 - The POLICY session on HIV/AIDS and human rights, “Righting HIV/AIDS Policy,” provided examples of how policy reform efforts can integrate aspects of human rights. POLICY staff from various country programs shared their experiences using human rights approaches. The session addressed the following topics: how to conduct legislative reviews as part of a human-rights approach to health policy, initiatives to reduce stigma and discrimination, working with human rights-focused organizations, and the importance of involving PLWHA in meaningful ways.
 - Special emphasis was also made to include young people in all the XIV International HIV/AIDS Conference activities and allow their voices to be heard, primarily through the Barcelona Youth Force. At the conference, POLICY did its part to promote youth involvement. One of the POLICY poster sessions dealt specifically with youth issues. POLICY also participated in MTV’s Global Forum on HIV/AIDS.
- *Posters and presentations.* POLICY had two abstracts selected for oral presentation and 14 abstracts selected for poster presentations. In addition, POLICY chaired a bridging session on Stigma, Discrimination, and Human Rights and served as a co-rapporteur for Track E.
- **Tenth International Conference for People Living with HIV/AIDS (GNP+).** Highlights of the October 2001 GNP+ conference included promotion of key aspects of the POLICY-supported GNP+ Global Advocacy Agenda developed at the previous GNP+ Conference in Poland in 1999. During this conference, POLICY spearheaded the stigma and discrimination track of the global advocacy agenda by increasing understanding of internal stigma and the role that national PLWHA associations can play in addressing this issue of global significance. POLICY also supported the development of key strategies and linkages between GNP+ and UNAIDS.
 - **IAEN and AIDS and Economics.** POLICY organized and chaired a meeting of the International AIDS and Economics Network (IAEN) on October 18, 2001 on the topic of “Global Allocation of HIV/AIDS Resources.” Approximately 130 individuals attended this meeting. Individuals from the POLICY Project, the World Bank, and a number of other institutions made presentations on issues of AIDS and economics. POLICY staff expanded and improved upon the IAEN website by making recommendations concerning additional material and format. POLICY has assumed responsibility as the editor of this website.

In July 2002, POLICY organized a preconference AIDS and economics meeting of the IAEN in Barcelona. Approximately 100 people attended and listened to the 16 presentations made during the preconference meeting. A total of 15 economists received scholarships (10 from developing countries) to attend the meeting, present their work, and participate in the Barcelona conference. The preconference was the only meeting of its kind, and included contributions by USAID (through the POLICY Project), University of Natal, Merck & Co, Inc., L’Agence Nationale de recherches sur le SIDA, UNAIDS, World Health Organization, and the World Bank. A summary of the preconference meeting is available at <http://www.iaen.org/conferences/barcelonalog.php>.

- **UNAIDS Reference Group.** POLICY collaborates with UNAIDS/WHO in the Modeling, Estimates, and Projections Reference Group. This group developed the methodologies and assumptions used to produce the latest round of global estimates released in the document, “The Report on the Global HIV/AIDS Epidemic,” at the Barcelona AIDS Conference in July 2002. POLICY was also part of the reference group work to estimate the impact of an expanded response on future infections. The resulting report concluded that an expanded response could avert 60 percent of potential new infections through 2010. The results were published in “Can we reverse the HIV/AIDS pandemic with an expanded response?” in *The Lancet* 360:73–77. The authors of the report are John Stover, N. Walker, G. Garnet, J.A. Salomon, P. Ghys, K.A. Stanecki, N. Grassly, R. Anderson, and B. Schwartlander. POLICY also participated in the UNAIDS Reference Group that developed a new model (EPP) to estimate national prevalence from surveillance data and has modified SPECTRUM to use the output of EPP to determine numbers of infections, new infections, and AIDS deaths.
- **Goals Model.** POLICY completed work on the manual for the Goals Model. Using field-support funds, the model is being applied in Cambodia, Lesotho, and Kenya to help make resource allocation decisions consistent with the current knowledge regarding the cost-effectiveness of interventions. For example, Goals was used in Kenya as part of the country’s Joint AIDS Program Review (JAPR) for estimating the current resource envelope and gaps in future spending. Goals will be used in the future for policy dialogue to build consensus in regards to the level of resources required and the proper allocation of such resources.
- **OVC.** POLICY developed a conceptual framework for addressing OVC policy issues at the country level. The framework will be implemented during 2002 in a number of African countries to develop global lessons for fast-tracking OVC policy issues and concerns. POLICY also initiated work on a review of national policies, legislation, and coordinating mechanisms to inform and provide recommendations to USAID and others on improving national responses to protect orphans and other vulnerable children. As a part of this review, POLICY country managers from countries with a serious OVC crisis are completing a questionnaire on the OVC policy environment in their respective countries.
- **Core Packages on Stigma and Discrimination.** Core packages in Mexico and South Africa aim to reduce stigma and discrimination against PLWHA and HIV/AIDS. Both projects include collecting baseline data, developing sound indicators on stigma and discrimination, and identifying barriers to use and access to a range of services (health care, welfare, employment, housing, and legal support). They also work to improve the image of PLWHA and HIV/AIDS in the media.
 - The Mexico core package on stigma and discrimination received final approval in December 2001. The package is directed and implemented by a consortium of public, NGO, and PLWHA organizations and forms part of the Mexican government’s national response to HIV/AIDS. The package aims to empower PLWHA to be more open about their status and more proactive about tackling both the internal and external manifestations of stigma and discrimination; identify the necessary legal reforms to eliminate discrimination against people affected by HIV/AIDS, particularly in the workplace, and lobby for their passage; and show how public perception of PLWHA, as influenced by powerful media images, can be improved and thus contribute to eliminating stigma and discrimination. POLICY worked with the National AIDS Program and other local counterparts to identify implementing teams to carry out the work; develop operational plans for each activity component; and form an Advisory Board to oversee the technical quality of the project and ensure its applicability to Mexico. PLWHA organizations comprise two of the implementing organizations, and a representative of the PLWHA community serves on the Advisory Board. During August

2002, the National Institute of Public Health (INSP) coordinated a three-day meeting of international and Mexican experts on HIV/AIDS, as part of the project's work to identify indicators to measure stigma and discrimination around HIV/AIDS in Mexico. The meeting was co-funded by the Inter-American Development Bank (IDB), INSP, and the POLICY Project and was attended by all of the implementing partners. The meeting resulted in draft indicators for measuring internal and external stigma, the legal environment for stigma and discrimination, stigma and discrimination in health services, and the image of PLWHA and HIV/AIDS in the media.

- In April 2002, USAID approved the core package in South Africa. The package provides an opportunity to explore and demonstrate how HIV/AIDS-related stigma and discrimination can be reduced through careful analysis and replicable interventions within a generalized HIV/AIDS epidemic. The Centre for the Study of AIDS (CSA), University of Pretoria, has been awarded the tender for managing this research project and a full-time project manager has been appointed to lead the project.

Members of four reference groups have been appointed and each group has been briefed on the project's purpose, process, and anticipated outcomes. POLICY and the CSA are in the final stages of commissioning a research team to undertake aspects of the baseline research for the project, including a literature review.

In August 2002, Caroline Wills attended the Project's Working Group Meeting in Mexico City, Mexico, where she presented the South Africa project protocol. The meeting was beneficial for both teams in that it confirmed the critical links between the two country projects, and assisted the South African research team to begin to conceptualize what would be appropriate indicators to use in the field in South Africa.

- **Gender and HIV Task Force.** POLICY leads the IGWG's Task Force on Gender and HIV/AIDS, which is funded jointly by the OPRH and the OHA. The task force's objective is to strengthen the integration of gender factors into USAID HIV/AIDS/STI programming. The activity has included two phases: an assessment of USAID programs and projects in RH and HIV/AIDS/STIs in order to better understand how gender issues related to HIV/AIDS are currently being addressed, and a dissemination of programmatic recommendations and priorities for the agency in this area.

The assessment phase has been completed, which included 58 in-depth interviews with representatives from USAID, the cooperating agency (CA) community, and other donors/actors in the United States and the field; analysis and presentation of the data; and revision of the finding based on presentation to the full task force on February 26, 2002. The dissemination phase included the pre-Barcelona, all-day "Working Session on Gender & HIV/AIDS Issues and Programmatic Recommendations for USAID and the USAID CA Community" held on July 6, 2002, attended by over 30 participants representing all regions. Participants received a CD-ROM of collected key resources on gender and HIV/AIDS, prepared by POLICY staff for the task force.

- **Advocacy Manual: Case Studies for HIV/AIDS.** POLICY is developing an HIV/AIDS advocacy resource of case studies to highlight recent advocacy efforts and lessons learned by PLWHA, FBOs, and women's groups. All of the interviews for the case studies were completed in the past year, together with preliminary drafts of the three main case studies for the manual.

Regional: Africa Bureau

- **Africa Growth and Opportunity Act (AGOA) Forum.** POLICY staff assisted in preparing for the AGOA Forum that was held in Washington, D.C. on October 30, 2001, by preparing the following three papers that were presented at the meeting: *Implications for Achieving AGOA Objectives*; *How Are Finance and Planning Ministries Responding?*; and *How Are Trade and Commerce Ministries Responding?*
- **XIIth International Conference on AIDS and STDS in Africa (ICASA).** Highlights of POLICY's work for the December 2001 ICASA included the preconference satellite session focusing on the HIV/AIDS policy formulation and implementation needs of eight countries in Francophone Africa as well as a satellite session to promote USAID's Communities Organized in Response to the HIV/AIDS Epidemic (CORE) Initiative. POLICY also participated in training for African journalists on the economic impact of AIDS, a USAID press conference on the impact of AIDS on the business sector, and a USAID/UNAIDS/World Bank post-conference workshop on human capacity requirements for the expanded response.
- **Health Economics and AIDS Research Division (HEARD) of the University of Natal.** POLICY supports the employment of the research director at the University of Natal, who identifies regional activities, trains for students at the University of Natal, and oversees activities being conducted in the area of AIDS and economics. In conjunction with Abt Associates in South Africa, POLICY also supports HEARD to assist Ministries of Health in the region to assess the ways in which HIV/AIDS will impact their staff and operations. POLICY also works to build the capacity of Ministry of Education officials in Southern Africa to estimate future teacher training requirements, taking into account the impact of HIV/AIDS. HEARD has developed a planning model for this purpose. On December 2–6, 2002, HEARD, supported by POLICY, will conduct a one-week regional workshop in Johannesburg to train planners from ministries of education from all SADC member states to use the latest computer tools to estimate future teacher training requirements in light of the impacts of HIV/AIDS on teacher morbidity and mortality and the number of school students.

Regional: Southern Africa/RHAP

- **Health Task Team.** The Health Task Team (HTT) was originally developed as an approach to managing and mitigating the impact of HIV/AIDS on the education sector. An HTT, which is managed by the University of Natal and POLICY, has subsequently been developed to focus on the health sector in the Southern Africa region. Work on the HTT began in June 2002. While originally planned to be initiated in Kwa-Zulu Natal Province, the pilot has been subsequently moved to Namibia. USAID/Namibia and the Namibian Ministry of Health and Social Services contributed to the development of a Namibian HTT Protocol.
- **U.S. Ambassador's Small Grants Program.** This programme consists of three components: the NGO Capacity Development Initiative which aims to strengthen the capacity of organizations to respond more effectively to HIV/AIDS, and begin to contribute to the HIV/AIDS policy development process; the Small Grant Program which provides NGOs, who have participated in the above initiative, with an opportunity to put their new skills into practice in the field; and other projects, such as the journalist project which provided journalists with an opportunity to examine the role of media in shaping public opinion about HIV/AIDS, and to learn about compassionate and non-stigmatizing reporting on HIV/AIDS.

Over the last period the following initiatives have been facilitated by POLICY:

- In Lesotho and Swaziland, a total of 13 NGOs have been supported through the small grants programme, and a series of four capacity building workshops have been facilitated in each country with a range of local NGOs and CBOs. In addition, one workshop was held in each country for media professionals.
 - In Botswana, POLICY has supported the HIV/AIDS peer education and outreach activities of the Society Against HIV/AIDS (SAHA) Project, a project of the University of Botswana; the development of an in-service training manual for the Nurses Association of Botswana on issues related to HIV/AIDS grief and loss counseling; and an HIV/AIDS educational workshop for NGOs in Maun, a rural district in Northern Botswana.
- **Evaluation of the NGO Capacity Development Program in Lesotho and Swaziland.** In May 2002, POLICY conducted an evaluation of the *U.S. Ambassadors Initiative on HIV/AIDS and Small Grants Program* with a specific focus on the HIV/AIDS capacity development workshops provided by the POLICY Project.

The package of three workshops that culminate in NGOs making an application to receive a small grant were reviewed, together with a follow up workshop, entitled *Joining Hands Against HIV/AIDS*.

Country specific strengths and challenges in management, human resource, external factors, and beneficiary/target group sectors were identified. The evaluation report indicates that the workshops clearly had an impressive, profound impact on participants who were extremely positive about what they had gained. In Swaziland, this showed in the improvement of tools and practice within their organizations (e.g., strategic planning, monitoring and evaluation), and in Lesotho it was more focused on broader programmatic, information, and attitude levels (e.g., more confidence in integrating HIV/AIDS into their work, a change of attitude in working with HIV+ people). These findings are to be incorporated into the next project phase and are expected to help design and increase the use of HIV/AIDS interventions in target populations in the two countries.

- **Southern Africa Development Community (SADC).** The POLICY Project is collaborating with the Health Sector Coordinating Unit of SADC to assess the status of HIV/AIDS policies in the region

and address specific priority policy issues. During the past year, POLICY has completed work on a report that summarizes and compares the national and sectoral HIV/AIDS policies of the SADC member states. The report is undergoing final review by SADC before printing and dissemination. The report contains recommendations for SADC and individual countries to improve policy support for effective HIV/AIDS programs and provides SADC with an overall picture of the status of HIV/AIDS policies in its region.

The Ministers of Health from member states selected two policy issues for in-depth analysis: guidelines for voluntary counseling and testing (VCT) and the impact of AIDS on education capacity. POLICY prepared a background document summarizing existing information on VCT guidelines and convened a workshop of VCT experts in the region. A draft of regional VCT guidelines has been prepared. This draft will be reviewed at another regional meeting later this year. SADC will then approve and distribute the final guidelines to member states. VCT programs are being expanded in the region and many countries are just beginning to develop operational policies.

- **Faith-based Communities and HIV/AIDS.** POLICY has supported two initiatives organized for leaders of the faith-based community in Southern Africa. This has resulted in the enhanced awareness and sensitivity of faith-based organizations of the pressing needs the pandemic of HIV/AIDS poses to faith-based communities and empowered them toward action within this field.

Following the first faith-based initiative supported by RHAP – namely, a workshop held in Uganda in May 2001 that focused on providing a group of faith-based leaders from Southern African countries with basic HIV/AIDS counseling skills, POLICY convened a follow-up training session with those who had attended the first training event, entitled “Challenging Faith-Based Communities.” The training session, held in Johannesburg from November 12–15, 2001, was attended by 28 religious leaders from eight Southern African countries, representing 25 faith-based communities. Participants were provided with comprehensive information about current HIV/AIDS issues and encouraged to provide practical support for those living with HIV/AIDS within their faith communities.

POLICY facilitated a second workshop, entitled “Challenging Faith-based Communities: Towards HIV and AIDS Actions That Make a Difference,” held on March 18–20, 2002 in Johannesburg, South Africa attended by 35 participants from nine Southern African countries. The purpose of this particular workshop was to strengthen and deepen the work of selected FBOs in the implementation of their current and future HIV/AIDS programs. The sessions focused on identifying, and then finding practical ways to overcome, the difficulties and challenges that those working in the faith community were experiencing in their HIV/AIDS programs. As a result of the workshop, country groups drafted action plans to guide their future HIV/AIDS activities. Many of these focused on breaking the silence through training clergy, addressing issues such as home-based care, and training traditional leaders.

- **People Living with HIV/AIDS Project, Network of African People Living with HIV/AIDS (NAP+).** The POLICY Project supported the NAP+ Ambassador of Hope Training in Pretoria, South Africa from September 4–8, 2002. NAP+ is a Pan African movement, which strives to improve the quality of life of PLWHA through the formation and strengthening of country networks and associations of PLWHA and building capacity to respond to the African challenge of HIV/AIDS. Fourteen delegates from the SADC region attended the training program and provided technical support through facilitation and training. The training focused on familiarizing and strengthening the participants’ skills around key areas of HIV/AIDS advocacy. As a follow up to the ambassador training workshop, NAP+, will carry out ambassador missions in eight African countries. The

missions will target Angola, Djibouti, Eritrea, Ethiopia, Lesotho, Madagascar, Mozambique, and Sudan.

The Ambassador of Hope program is a unique component of NAP+ that entails involving PLWHA (as role models) to go into countries to support fellow PLWHA in mitigating the impact of HIV/AIDS on their lives and that of their communities and country. The program also involves sensitizing and lobbying governments and other important leaders in country to respond to the epidemic through appropriate prevention and care programs. During the mission, the ambassadors seek out PLWHA and, where possible, support them to form groups, strengthen their activities, and promote care and support of those already living with the virus. The main aim of the Ambassador program is to scale up behavior change and increase the visibility of PLWHA within countries, to ensure their voices and concerns are heard at appropriate levels.

- **Workshops on AIDS and Economics in Southern Africa.** POLICY supported two workshops initiated by USAID/South Africa. The first, “Modeling the Macroeconomic Impact of HIV/AIDS,” was held May 20–21, 2002 in Stellenbosch, South Africa. Workshop participants included 24 researchers and representatives from financial institutions and government departments in eight Southern African countries. Speakers provided an in-depth analysis of various examples of modeling the macroeconomic impact of HIV/AIDS and the general principles involved in modeling and forecasting. Presentations also focused on the demographics of HIV and the macro implications of HIV/AIDS in particular Southern Africa countries.

The second workshop, “Investigating the Economic Impact of HIV/AIDS: Sharing Lessons in Relation to Research Methodology,” was held May 23–24, 2002 in Pretoria, South Africa. Thirty researchers from five Southern African countries attended the workshop to increase their skills, learn from others, and discuss research challenges. A number of recommendations for future initiatives emanated from the workshop, focused mainly on the establishment of a research network and on building communication links among local researchers in each country.

- **Defining the Way Forward for HIV/AIDS Initiatives in the Road Transport Sector in Southern Africa.** This workshop was held in Harare, Zimbabwe on the June 19–20, 2002 and was attended by 38 participants from eight Southern Africa countries. The purpose of this workshop was to provide regional representatives working in the area of HIV/AIDS and the trucking industry with an opportunity to share their comparative experiences, to discuss policy and program issues of common interest, and to facilitate the exchange of information and literature that might be valuable to others within the region. The workshop was co-hosted together with the Federation of East and Southern African Road Transport Association (FESARTA), GTZ Cross-border Road Transport Agency, and SADC Health Sector Coordinating Unit.

Key outcomes and recommendations from this meeting included that:

- RHAP, through POLICY, would provide technical assistance to FESARTA to develop their HIV/AIDS commitment statement and strategic plan;
- ILO will assist SADC in supporting each country in Southern Africa to develop a comprehensive national policy on HIV/AIDS and the transport sector;
- The ILO will advocate that the concept of care be introduced as a central issue into all SADC policy documents, and that the concept of HIV/AIDS-related stigma be mainstreamed into the ILO workplace policy document; and
- SafAIDS News, a publication that is produced in Zimbabwe and has a subscription of 8,000 within Southern Africa, will cover the issue of HIV/AIDS and the transport sector in its September 2002 edition.

- **RHAP Website and Report.** From April 1, 2002, POLICY has supported the work of “*Into the Limelight*” Communication and Design Company in maintaining the RHAP website and providing layout and design assistance for RHAP presentations and publications, the most recent being the RHAP report, entitled “USAID Regional HIV/AIDS Program: Southern Africa.” The RHAP website is located at www.rhap.org.za.

Regional: ANE Bureau

- **Vietnam.** In January 2002, POLICY conducted a rapid assessment of the HIV/AIDS policy environment and developed an implementation plan for an operational PLWHA policy that addresses HIV-related stigma and discrimination. POLICY presented stakeholders in Vietnam with an HIV/AIDS policy assessment report, which then informed the design of a proposed program of activities for FY03. Work is currently underway to conduct a review of the existing legal and policy framework with an emphasis on the *Ordinance on the Prevention and Control of HIV/AIDS*. Technical assistance for policy formulation and planning will also be provided. These activities will be conducted in partnership with the Ministry of Health. Planning for the PLWHA Operational Plan is also underway and proposed activities include:
 - Facilitating a strategic planning process to enable PLWHA and other stakeholders (government, donors, local and international NGOs) to outline an agreed plan of action for the implementation of GIPA;
 - Facilitating a workshop program that discusses GIPA application within the Vietnamese context, particularly with regard to the development of a PLWHA advocacy and information network; and
 - Sharing lessons learned to foster a greater understanding of the role of PLWHA in responding to the HIV epidemic.

C. The Status of the Project

Since the inception of POLICY II in July 2000, the project’s HIV/AIDS portfolio has continued to expand dramatically—both in terms of countries where activities are carried out and also in the range of policy interventions that fall within the project’s scope. Over the past year, with an increase in both core and field funding, the project has been able to actively pursue many strategic policy interventions aimed at creating and strengthening a supportive HIV/AIDS policy environment. The majority of the project’s HIV/AIDS funds come from field support, which is a clear indication not only of the necessity and function of the multisectoral HIV/AIDS policy interventions supported through the project but also of strong mission support. HIV/AIDS field support is especially strong in Africa, which now accounts for over 80 percent of total project field support in this region. Notable increases are also reflected in a number of countries in both the ANE and LAC regions. The project now receives field-support funds for work in 16 countries and two regional programs in West and East/Southern Africa, and carries out additional activities for the Africa Bureau, the Southern Africa Regional HIV/AIDS Program, and the ANE Bureau in HIV/AIDS.

Over the past 12 months, POLICY’s selected technical areas of focus have gained increased impetus with both field and core funds. This reflects both the importance of the strategic direction of the project’s HIV/AIDS portfolio and the clear linkages between USAID’s HIV/AIDS response as reflected in *Leading the Way: USAID Responds to HIV/AIDS* and POLICY’s focus. POLICY clearly addresses the following areas highlighted by USAID in support of “creating an enabling environment”:

1. *Stigma reduction* is reflected in the groundbreaking stigma and discrimination “core packages” currently being carried out in South Africa and Mexico. POLICY’s cutting-edge work on expanding and strengthening UNAIDS’ two current indicators of stigma and discrimination will ensure that a lasting legacy of the project will be its work on stigma and discrimination. The core packages reflect that the process is part of the product—for in developing indicators and programmatic interventions for stigma and discrimination, POLICY has ensured that participation and involvement are key ingredients. In addition, in Cambodia and Vietnam, POLICY is working to build capacity of civil society partners, such as Buddhist organizations and PLWHA networks, to confront stigma and discrimination. POLICY also supports the Ambassador’s Initiative of USAID’s Southern Africa Regional HIV/AIDS Program (RHAP), which has awarded small grants to development NGOs in Botswana, Lesotho, and Swaziland to develop innovative HIV/AIDS programs and challenge stigma. An independent evaluation of the skills-building component of the initiative has revealed that it is an integral component in confronting the challenges of HIV/AIDS in these three non-presence countries.
2. *The promotion of human rights*, both as a policy principle and a crosscutting issue, is paramount within the project but is also reflected in specific activities, such as the legal assessments conducted in Tanzania and Peru. At the International AIDS Conference in Barcelona in July, POLICY’s session on human rights provided a platform for global interaction around key human rights questions and principles, including whether legal reform and policy alone are sufficient to guarantee the protection of the rights of those infected and affected by the HIV/AIDS epidemic. Packaging all policy work within an understanding of human rights will continue to ensure that our policy interventions are people-centered.
3. *GIPA* is reflected not only in the staff/consultants that are hired in many local POLICY offices, but also in POLICY’s specific work with the GNP+ and with national HIV/AIDS councils. The importance of involvement as a key indicator of political commitment is part of a sustained response. As part of our work in Cambodia, we provide capacity development and technical assistance to the Cambodian Positive Network (CPN+) to improve their training and advocacy skills, as well as help them cope with and respond to stigma and discrimination. Building the capacity of PLWHA networks and national associations is a critical part of ensuring their meaningful involvement in policy processes. Meaningful involvement of PLWHA is showcased in the project’s work, most notable in Kenya, Malawi, Mexico, South Africa, and Vietnam.
4. *Policy dialogue and advocacy* is reflected in POLICY’s work with faith and community leaders and with decision makers and politicians around policy issues as diverse as resource allocation and policy issues facing orphans and children made vulnerable because of the epidemic. POLICY’s Goals Model for Resource Allocation is an excellent example of advocacy around an issue in action. The model stimulates discussion from a wide range of role players, which may also lead to increased resources allocated to HIV/AIDS issues in a number of POLICY countries. The model was recently applied in Lesotho where it helped a broad-based team of analysts evaluate different goals and budget scenarios required for meeting those objectives. POLICY’s advocacy work under the pilot CORE Initiative has witnessed the creation of a new HIV/AIDS policy by the global Anglican communion; enhanced the advocacy capacity of faith and community organizations around key technical areas including access to treatment and MTCT; and sewn the seeds for a strong USAID-funded project with a dedicated focus on the values encapsulated by POLICY under this initiative. POLICY has summarized the accomplishments of the CORE Initiative in the document, “*Coming Together, Caring Together: A Report on the Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative*,” which was released at the International HIV/AIDS Conference in July 2002.

5. *Multisectoral engagement* is the cornerstone of POLICY's HIV/AIDS approach and reflects not only the diversity of the many groups engaged in policy-related work but is also an approach actively supported in all interventions. The HIV/AIDS policy assessment conducted in Nepal during the past period reflects both the views of multisectoral parties and the policy implications of this approach. In Kenya, a Networking Committee for AIDS Control Units (ACUs) in 20 government ministries was established in October 2001 as a result of POLICY technical assistance. This committee was formed to enhance communication among ACU officers and staff, senior ministry officers, and the National AIDS Control Council (NACC), and to clarify and support ACUs' roles and responsibilities. The Goals Model has also proved to be an excellent policy instrument that encourages multisectoral involvement and participation.
6. *Human and institutional capacity development* is evident in the large number of local staff who are the lasting legacy of all developmental support. With the project's emphasis on enhancing and supporting local in-country capacity, we have witnessed an increase in the number of local staff and consultants to meet the various demands made on the POLICY Project.

In order to optimize its global HIV/AIDS response, POLICY also strengthened its Washington, DC-based management team and hired additional staff. POLICY appointed an IR Director for Planning and Finance (Stephen Forsythe) and filled the position of IR Director for HIV/AIDS Advocacy/Participation (Felicity Young). In addition, to strengthen the project's HIV/AIDS technical work, additional resource persons were hired in the areas of gender (Anne Eckman); MSM and PLWHA (Omar Perez); community mobilization in Africa (Brenda Rakama); and monitoring and evaluation (Alphonse Bigirimana).

The project has received strong support and guidance from OPRH for its expanded HIV/AIDS role and, in collaboration with other HIV/AIDS CAs, continues to support the goals of the OHA.

D. Key Accomplishments

The POLICY Project contributed to results in 16 countries as well as to key regional and global activities. Several key accomplishments are listed here, which are described in greater detail in Section II.B below.

Policy Formulation

- **Ethiopia.** The Confederation of Ethiopian Trade Unions formally adopted *HIV/AIDS Workplace Guidelines*.
- **Kenya.** The Ministry of Health approved and signed *National Home-Based Care (HBC) Policy Guidelines* and *HBC Program and Service Guidelines*.
- **Nigeria.** The Catholic Bishop's Conference approved and adopted the draft *Catholic HIV/AIDS Policy*, which spells out, for the first time, how the Nigerian Catholic Church views HIV/AIDS prevention and treatment options.
- **Nigeria.** The Director of Child Development endorsed the draft *Plan of Action on Orphans and Vulnerable Children* on behalf of the Ministry of Women's Affairs and Youth Development. This is the first time the ministry has formally recognized the impact of the epidemic on children.

- **Philippines.** Executive orders formalized the creation of AIDS Councils in two cities. Two local government units also passed resolutions providing resources for HIV/AIDS-focused IEC interventions.
- **REDSO/ESA.** Ministers of Health in 14 countries covered by the Commonwealth Regional Health Community Secretariat formally approved and adopted the *Regional HIV/AIDS Strategy for East, Central, and Southern Africa, 2002–2006*.
- **South Africa.** Impala Platinum, the world’s second largest platinum producer, officially adopted an HIV/AIDS policy in December 2001.
- **Zambia.** The National HIV/AIDS Secretariat adopted *Guidelines on Employment, HIV/AIDS, and Human Rights* for use in the FACEAIDS workplace program. Subsequently, the Zambia Business Coalition also adopted the guidelines.

Advocacy and Awareness Raising

- **Kenya.** Political and popular support was strengthened as a result of the following actions: The Networking Committee for AIDS Control Units in government ministries was established to enhance communication between ACU staff and senior ministry officers and the National AIDS Control Commission (NACC). POLICY contributed to the founding of the national Gender and HIV/AIDS Subcommittee of NACC, marking the first time HIV/AIDS and gender advocacy groups have been brought together. Finally, NACC made a commitment to greater involvement with the Inter-religious AIDS Consortium (IRAC) in HIV/AIDS programs and issues and to be responsive to its concerns.
- **Mali.** The newly elected president presided over the HIV/AIDS Advocacy Day for Religious Leaders and used the occasion to publicly express his commitment to containing the AIDS epidemic.
- **South Africa.** Ten new district Civil Military Alliance Committees have been formed in the province of Kwa-Zulu to better reach local communities and implement well-coordinated HIV/AIDS programs and projects. In addition, following the national faith-based Indaba, a nine-member National Working Group representing all nine provinces was formed to coordinate the HIV/AIDS responses in the faith-based sector and to work in collaboration with the Department of Health and the Southern African National AIDS Council.
- **Tanzania.** Members of Parliament formed the Tanzanian Parliamentary ADIS Coalition (TAPAC), which was officially launched in the Parliament in a session hosted by the Tanzanian president.
- **Tanzania.** Tanzania’s highest Islamic leader publicly declared “war” on HIV/AIDS at the launching of the National Islamic Council’s policy statement on HIV/AIDS.
- **Zambia.** The HIV/AIDS Advocacy Network was formed with 20 members representing diverse HIV/AIDS programs and initiatives at the community level.

Strategic Planning and Resource Allocation

- **Cambodia.** On behalf of the Ministry of Women's and Veteran's Affairs, POLICY mobilized \$23,366 for development of the ministry's three-year HIV/AIDS Strategic Workplan.
- **Cambodia.** The POLICY-supported Community Strategic Planning Workshop resulted in the development of a community HIV/AIDS strategic plan. As a result of the political support emanating from the workshop, monks were successful in overcoming prejudice associated with their work in the local PLWHA community.
- **Haiti.** The Ministry of Public Health and Population released Haiti's official *National Strategic Plan for Prevention and Control of STDs and HIV in Haiti 2002-2006*.
- **Kenya.** POLICY obtained \$20,000 in funding from the World Bank to involve local communities in the development of the national Gender and HIV/AIDS Strategy.
- **Mexico.** Multisectoral citizen groups obtained approximately \$12,000 in funds to carry out local AIDS activities.
- **Uganda.** POLICY assisted the Inter-Religious Council of Uganda to complete a five-year strategic plan and budget for 2002-2007, which will be used to mobilize resources for FBOs to respond to the HIV/AIDS-related needs of the community.
- **South Africa.** POLICY helped local government departments in Gauteng Province develop AIDS plans. Plans for the Social Services, Transport, and Education departments were subsequently approved.
- **South Africa.** The Church of the Province of Southern Africa finalized an overall HIV/AIDS Strategic Plan, synthesizing the planning processes that took place in 22 dioceses following POLICY's strategic planning workshops that used the project's planning manual as a guide.

Information for Decision Making

- Results from AIM were used in policy dialogue by high-level officials (**Mali**), in a National AIDS Strategy (**Haiti**), and in national (**Ghana**) and subnational (**SNNPR/Ethiopia**) AIDS policies.
- **Kenya.** Results of the Goals Model were used to assess resource allocation options under the *National HIV/AIDS Strategic Plan* and to discuss ways of reallocating HIV/AIDS resources to achieve greater impact.

Capacity Building and Training

- **Cambodia.** POLICY contributed to the development of a training module, "HIV/AIDS and Human Rights," that was used to train Buddhist leaders to better enable monks to provide HIV/AIDS care and support.
- **Ecuador.** Following training in a SIDILAC workshop that POLICY helped facilitate, participants decided to form a national network of NGOs devoted to improving the policy environment in Ecuador.
- **Mexico.** POLICY has supported the creation, training, and growth of multisectoral citizen's groups in several key states. As a result of POLICY's technical assistance and training, these

groups have become powerful advocates for generating financial resources and government responses to HIV/AIDS.

- **South Africa.** POLICY-trained master training facilitators have conducted 19 local government training programs, resulting in 410 local government officials and councilors receiving new information about HIV/AIDS and the advocacy role they can play in local government in relation to HIV/AIDS.

II. POLICY Project HIV/AIDS Performance Review

A. Technical and Analytic Documents Produced and Disseminated

Country	Title	Author	Date
Global	<ul style="list-style-type: none"> Coming Together, Caring Together: A Report on the Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative, January 2001–June 2002 Literature Database for Evaluating HIV/AIDS Interventions (and excel spreadsheet) National and Sector HIV/AIDS Policies in the Member States of the Southern Africa Development Community State of the Art: AIDS and Economics 	POLICY L. Bollinger, K. Cooper-Arnold, and J. Stover POLICY POLICY, IAEN	Jul-02 Mar-02 Sept-02 Jul-02
Africa	<ul style="list-style-type: none"> African Growth and Opportunities Act Forum: Plenary Session on HIV/AIDS: Introduction to Background Papers African Growth and Opportunities Act Forum: Plenary Session on HIV/AIDS: Paper 1: The Implications for Achieving AGOA Objectives African Growth and Opportunities Act Forum: Plenary Session on HIV/AIDS: Paper 2: How Are Finance and Planning Ministries Responding? African Growth and Opportunities Act Forum: Plenary Session on HIV/AIDS: Paper 3: How Are Trade and Commerce Ministries Responding? HIV/AIDS in Southern Africa: Background, Projections, Impacts, and Interventions USAID Regional HIV/AIDS Program: Southern Africa 	POLICY POLICY POLICY POLICY POLICY POLICY	Oct-01 Oct-01 Oct-01 Oct-01 Oct-01 Sept-02
Burkina Faso	<ul style="list-style-type: none"> Le SIDA au Burkina Faso: Evolution et impact sur le developpement 	PNLS	Aug-02
Ghana	<ul style="list-style-type: none"> HIV/AIDS in Ghana: Background, Projections, Impacts, Interventions, and Policy 	NACP	Dec-01
Kenya	<ul style="list-style-type: none"> The Kenya National HIV/AIDS Strategic Plan 2000–2005: Popular Version Kenya National HIV/AIDS Strategic Plan—Joint HIV/AIDS Programme Review 	National AIDS Control Council NACC	Oct-01 Jul-02
Mali	<ul style="list-style-type: none"> Le VIH/SIDA au Mali: Evolution et impacts sur le développement 	MOH and POLICY	Jan-02
Mexico	<ul style="list-style-type: none"> Evaluation of Participatory, Multisectoral Planning for 	Deborah Caro	Mar-02

Country	Title	Author	Date
	HIV/AIDS in Key States in Mexico		
	<ul style="list-style-type: none"> Evaluación Sobre la Participación Multisectorial Implementada por el Proyecto Políticas en Tres Estados de México 	Dra. Patricia Ponce	May-02
Mozambique	<ul style="list-style-type: none"> Impacto de Demográfico do HIV/SIDA em Mocambique Manual de Vigilancia Epidemiológica do HIV: Parte I: Mulheres Grávidas Cultural and Demographic Determinants of HIV/AIDS in Mozambique (Poster presentation for Barcelona Conference) 	Instituto Nacional de Estatística, and others MOH	Feb-02
		A. Barreto, K. Foreit, P. Noya, and I. Nhatave	Jul-02
Nigeria	<ul style="list-style-type: none"> Estimating the Number of Orphans at the National and State Levels in Nigeria, 2000–2015 Nigeria Catholic HIV/AIDS Policy HIV/AIDS in Nigeria: Overview of the Epidemic Access to Drugs for HIV/AIDS and Related Opportunistic Infections in Nigeria 	Robert Ssengonzi and Scott Moreland Catholic Secretariat of Nigeria NACP, NACA, POLICY K. Peterson and O. Obileye	Jan-02 Feb-02 Mar-02 Sept-02
REDSO/ESA	<ul style="list-style-type: none"> Regional HIV/AIDS Strategy for East, Central and Southern Africa 2002–2006 	CRHCS for East, Central and Southern Africa	2001
South Africa	<ul style="list-style-type: none"> A Step by Step Guide to HIV/AIDS Planning for the Anglican Community 	M. Judge and N. Schaay	Oct-01
Tanzania	<ul style="list-style-type: none"> Assessment of Private Sector HIV/AIDS Policies and Activities in Tanzania Tanzania National Policy on HIV/AIDS 	Steven Forsythe Prime Minister's Office	May-02 Sept-02
WARP	<ul style="list-style-type: none"> Impact du SIDA: Projections épidémiologiques du VIH/SIDA dans huit pays d'Afrique de l'Ouest et du Centre 	POLICY	Jun-02

B. Summary of Results Achieved by SSO4 Intermediate Results

This section lists results achieved in FY02 according to USAID SSO4 intermediate results. Results are listed by region and alphabetically by country within regions.

4.3 Develop and promote approaches that address key contextual constraints and opportunities for prevention and care interventions

Africa region

- In **Kenya**, on July 19, 2002, the Legal Task Force on HIV/AIDS formally submitted the *Report of the Task Force on Legal Issues Relating to HIV and AIDS* to the Attorney General, who approved it on behalf of the government. To this end, POLICY provided financial and technical support including key information, documents, and recommendations on several draft task force reports on legal issues related to gender, children, and PLWHA. The task force presented three products to the Attorney General: (1) the detailed report, (2) a summary report, and (3) a presentation of highlights of the findings and recommendations. In August and September, POLICY held several consultative meetings with the USAID Offices of Health/Population and Democracy and Governance (DG), NACC, the Attorney General's Office, and other stakeholders to plan implementation of some of the recommendations. Among other follow-up activities, POLICY, MSI, and USAID plan to organize and facilitate two workshops on implementing policy change around HIV/AIDS and DG for parliamentarians and the legal task force's implementing committee.
- In May 2002, in **Kenya**, the Ministry of Health approved two guidelines, which aim to improve home-based care for PLWHA.
 - The Ministry of Health Permanent Secretary (PS) approved and signed the *National Home-based Care (HBC) Policy Guidelines* on behalf of the government. The guidelines are directed to national policymakers and organizations involved in HBC activities and provide the policy framework for effective integration of HBC into Kenya's health care system and services. Jointly with National AIDS Control Council's (NACC) National HBC Technical Working Group, POLICY produced several drafts and the final version of the *National HBC Policy Guidelines*. This is the culmination of a two-year process co-led by POLICY of dialogue, consultations, and policy formulation among key government, NGO, and international donor and project organizations. POLICY also prepared a summary presentation and foreword for the PS and provided financial and logistics assistance to publish the guidelines.
 - The Director of Medical Services (DMS) of the MOH formally approved and signed the *HBC Programme and Service Guidelines* on behalf of the government of Kenya. The *National HBC Programme and Service Guidelines* respond to the needs for standards and best practices and for ensuring quality care for PLWHA within their communities and at home. They focus on clinical care, nursing care, counseling/psycho-spiritual care, and social support, including basic information on HIV/AIDS and HBC. Jointly with NACC's National HBC Technical Working Group, POLICY produced the *National HBC Programme and Service Guidelines*. This was the culmination of a two-year process of dialogue, consultations, and policy formulation with key government, NGO, and international donor and project organizations. POLICY also prepared a summary presentation and foreword for the DMS.
- The "popular version" of the **Kenya National HIV/AIDS Strategic Plan** was used as a principal source of information in the Joint HIV/AIDS Program Review. In 2001, in order to make the strategic plan

widely available and accessible/understandable to all (and to summarize the long and bulky unabridged version), POLICY produced *The Kenya National HIV/AIDS Strategic Plan 2000-05: Popular Version*. During the Joint HIV/AIDS Program Review (JAPR) carried out by the National AIDS Control Committee (NACC) and its partners in May 2002, all working groups and participants used the *Popular Version* as the principal source of information about the strategic plan and as the basis for developing workplans in the five technical areas.

- In **Kenya**, a Networking Committee for AIDS Control Units (ACUs) in 20 government ministries was established in October 2001 as a result of POLICY technical assistance. This committee was formed to enhance communication between ACU officers and staff, senior ministry officers, and the National AIDS Control Council (NACC), and to clarify and support ACUs' roles and responsibilities. The Networking Committee has three main purposes: (1) to improve information exchange and lateral learning among ACUs; (2) to represent the interests of the ACUs to NACC and senior managers in their respective ministries; and (3) to present a united voice on ACU needs, to government, donors, and other stakeholders. The Networking Committee is chaired by the ACU in the Ministry of Trade and Industry; the secretariat is headed by the ACU in the Ministry of Transport and Communications. POLICY assisted the Networking Committee in preparing a briefing paper for the director of NACC on issues that constrain the effectiveness of the ACUs. POLICY also participated in a series of consultative meetings to review past ACU experiences and make recommendations on next steps.
- The recently elected (June 2002) President of the Republic of **Mali** personally presided over the August 20, 2002 HIV/AIDS Advocacy Day for Religious Leaders, organized by AMUPI and LIMAMA in collaboration with the PNLS and with POLICY assistance. The president used the occasion to publicly express his commitment to containing the HIV/AIDS epidemic. Religious leaders who attended the event followed up by speaking publicly for the first time urging followers to take action (August 23, Mosque of ACI 2000; August 29, Mosque of Missira in Bamako; and August 25, Malian TV show, "Actualite Hebdomadaire"). The First Lady expressed her intention of viewing the HIV/AIDS PowerPoint presentation and video and in using them in advocating with women's organizations.
- On September 3, 2002, the Director for Child Development endorsed the draft *Nigerian Plan of Action on Orphans and Vulnerable Children (OVC)* on behalf of the Federal Ministry of Women Affairs and Youth Development (FMWAYD). This marks the first time that the ministry has recognized the impact of HIV/AIDS on children, and that this issue deserves special attention. The plan outlines the activities all partners are committed to in the next 12 months and will thus provide a short-term framework for OVC interventions. POLICY provided technical assistance (TA) to the ministry in the drafting and subsequent revision of the plan. POLICY also organized and facilitated the stakeholders meeting where the plan was adopted. POLICY will provide follow-up by developing advocacy materials and facilitating the advocacy process for the plan of action.
- There is strong consensus that community mobilization is essential for combating the "war" against AIDS. Religious leaders, because of their standing with the community and ability to stimulate community responses, are critical to the effort to mitigate the impacts of HIV/AIDS. POLICY works with religious leaders and groups to obtain publicly stated policies and actions. Thanks to POLICY efforts, on February 21, 2002, the Catholic Bishop's Conference of **Nigeria** approved and adopted the *Catholic HIV/AIDS Policy*, following extensive assistance from POLICY in conceptualizing, drafting, and reviewing the policy. For the first time, the new policy spells out how the Nigerian Catholic Church views HIV/AIDS prevention and treatment options and how church-based health service clinics should deal with HIV/AIDS as well as what is referred to as "pastoral care." While the new

policy does not endorse the use of condoms for protection, significantly, it does not prohibit them, which is one of the enormous steps forward represented in this policy.

- In the face of a skyrocketing HIV/AIDS epidemic and a total absence of a national HIV/AIDS strategy and plan in **Nigeria** last year, POLICY played a determining role in the preparation and adoption of the national HIV/AIDS Emergency Action Plan (HEAP). One of the main provisions of the HEAP calls for the development of state-level plans to ensure that the national objectives and plans are adopted and implemented at the local level. Without such state plans, the national action plan cannot be implemented. POLICY is working to help states develop and implement their own action plans under HEAP. In this regard, POLICY assisted the Technical Advisory Committee of the Oyo State Action Committee on AIDS to finalize a three-year HIV/AIDS action plan. Thanks to POLICY's technical assistance and central role in working with stakeholders to formulate the plan, the Ministry of Health, Oyo State, approved the state HIV/AIDS action plan during a meeting on March 18–20, 2002. The state-level plan contains a list of proposed strategies and activities to combat HIV/AIDS. It is hoped that other state Ministries of Health and State Action Committees on HIV/AIDS will adopt similar action plans.
- HIV/AIDS is decimating the countries of Eastern and Southern Africa and is having a major impact not only on the social fabric of those countries, but also on their economies. Because the epidemic recognizes no borders, the epidemic is really a critical regional development issue. There is a great need for common policies applicable across countries of the region for prevention, care, and treatment requiring greater resources and better efficiencies in resource allocation and utilization. Policies favorable to adopting common messages across the region will result in increased effectiveness, greater dissemination, less dissonance, and enhanced cost sharing. Until recently, there has been no joint regional response to HIV/AIDS, but the situation is improving thanks in good part to POLICY's work there. Ministers of Health in 14 countries covered by the Commonwealth Regional Health Community Secretariat (CRHCS, supported by **REDSO/ESA** and other donors) formally approved and adopted the *Regional HIV/AIDS Strategy for East, Central, and Southern Africa, 2002–2006* on October 26, 2001. This strategy sets forth a comprehensive plan for guiding the 14 member governments to vastly expand and improve their HIV/AIDS programs and mandates a regional response for prevention, mitigation, and care and treatment for HIV/AIDS. The strategy includes forecasting of budgetary requirements and a plan for mobilization of resources to meet these requirements by country and across the region. POLICY contributed materially to the formulation, and the interim and final revisions of the strategy by providing estimates of the costs of scaling up prevention, care, and treatment programs to national levels in countries covered by the plan, by providing technical assistance in writing up key sections of the strategy, and by advocating for its passage among governments and donors.
- As a result of TA provided by POLICY/**South Africa**, in June 2002 the Minister of Public Service and Administration approved amendments to the Public Service Regulation, through the development of Minimum Standards on HIV/AIDS. The standards provide a legislative and policy framework for the management of HIV/AIDS throughout the public sector. All Director-Generals, Heads of Departments and Ministers will have to comply with its contents. POLICY participated on task team that conducted background research to inform the development of the Minimum Standards, and provided a detailed review of structure and content of various drafts of the Minimum Standards.
- Coordinating and stimulating multisectoral government responses to the HIV/AIDS crisis is a critical need in **South Africa**. To support a strong multisectoral response, POLICY helped government departments in Gauteng Province to develop departmental AIDS plans for 2002. The HIV/AIDS plans for three government departments—Social Services, Transport, and Education—were

subsequently formally approved in November 2001. The three departmental plans promote access to a range of care and support services as follows:

- The Social Services plan makes available disability grants to HIV positive people and support grants for caregivers of HIV/AIDS orphans. They are also promoting awareness of HIV/AIDS within the programs they fund by ensuring that all programs reflect an AIDS-friendly component.
- The Transport plan promotes co-ordination with civil society organizations to ensure access to services through, for example, the placement of condom dispensers along major trucking routes. The plan also places a strong emphasis on employee education and awareness programs that make the transport sector particularly vulnerable to HIV/AIDS (mobility, family disruption, etc.).
- The Education plan ensures implementation of the national HIV/AIDS School Policy and that, within the province, the rights of HIV positive learners (to be at school) and HIV positive teachers (to continue to teach) are upheld. The plan also promotes services for awareness raising about HIV/AIDS within the broader school curricula.

POLICY provided TA in plan development, through a strategic planning workshop, to members of the Gauteng Provincial Government Workplace Task Team in August 2001. The Task Team, as the coordinating body for Provincial Government Department HIV/AIDS programs, facilitated the process of HIV/AIDS planning for seven departments, four of which are still in the process of completing their plans for approval.

- In **South Africa**, 10 new district Civil Military Alliance Committees have been formed in the Province of Kwa-Zulu Natal. In October 2001, POLICY provided assistance to a provincial HIV/AIDS workshop/conference for the Kwa-Zulu Natal Civil Military Alliance for 160 people from the management structures of the Police, Defense Force, and Correctional Services. A major outcome of the workshop was that the group decided to create district-level committees to represent each of the 10 health districts, as Kwa-Zulu Natal is a vast province, heavily hit by HIV/AIDS. The purpose of the committees is to reach the communities at the grassroots more effectively and implement well coordinated HIV/AIDS programs and projects.
- Overcoming stigma and discrimination is increasingly recognized as one of the absolute keys to mitigating the HIV/AIDS epidemic through stronger prevention and care responses. **Zambia** is one of the countries most affected by HIV/AIDS, and the epidemic has been fueled by the stigmatized and discriminatory nature of people's response to PLWHA. The National HIV/AIDS Secretariat adopted "Guidelines on Employment, HIV/AIDS, and Human Rights" developed by the POLICY-supported Women and Law in Southern Africa (WLSA) NGO for use in the FACEAIDS workplace program. The document is intended to assist employers and employees to challenge policies and programs that violate the rights of PLWHA. Thanks to POLICY support, the Zambia Business Coalition on HIV/AIDS (ZBCA) also adopted the guidelines in its program. POLICY provided financial support to WLSA to prepare the guidelines, and in September 2001, initiated dialogue with FACEAIDS and ZBCA to print them for dissemination to governments, NGOs, and private companies outside of Lusaka. The guidelines help reduce stigma and thus stimulate prevention and care-seeking behaviors by employees of the Zambian companies under the USAID-sponsored FACEAIDS Project. In addition, the guidelines stipulate the benefits and emoluments to be covered for workers with HIV/AIDS, including indemnity insurance.

ANE region

- In **Cambodia**, on behalf of the Ministry of Women's and Veterans' Affairs (MWVA), POLICY successfully mobilized \$23,366 from UNFPA and UNAIDS (using UN-sponsored funds for the purpose of HIV strategic planning—Strategic Program Development Funds (SPDF) II) to fund the development of MWVA's three-year HIV/AIDS Strategic Workplan. This activity is being undertaken as a result of the POLICY-supported MWVA *HIV Strategic Roadmap* process. POLICY facilitated a roundtable of representatives from the Minister and Secretary of State of the MWVA and the Oxfam-Women's Agenda for Change Program, where key advocacy messages such as increasing male involvement were discussed. The MWVA agreed to incorporate these advocacy elements into the MWVA three-year HIV/AIDS Strategic Plan. POLICY will work with MWVA to support the implementation of MWVA's HIV/AIDS Strategic Plan.
- Two **Philippine** Local Government Units (LGUs) passed local resolutions/ordinances providing resources for HIV/AIDS-focused IEC interventions. These resolutions are a result of a four-day training seminar for more than 50 active Local AIDS Council members in five LGUs of Urdaneta, San Fernando, Dagupan, Naga, and Laoag. The training, led by POLICY and Philippine National AIDS Council (PNAC), covered basic HIV/AIDS concepts and counseling as well as on policy gap identification skills. Three other sites—the cities of Batangas, Dipolog, and Butuan—will also be undergoing the same training.
- In the **Philippines**, two Executive Orders formalized the creation of AIDS councils in two sites in May 2002. POLICY, in collaboration with the Philippine National AIDS Council, conducted an orientation seminar and validation workshops in eight selected sites to present AIDS not only as a health concern but also as a governance issue, which ensured participation of all sectors in society as major stakeholders in the promotion of HIV/AIDS concerns. In the end, participants concluded that their respective areas are vulnerable to AIDS/HIV, and thus a concerted response is needed to keep the problem below the threshold. Participants also recognized the need to further strengthen AIDS councils (where they exist) and to review their existing policies. Sites without an AIDS Council opted to organize their own; the AIDS Councils in Laoag City and San Fernando were the first to be formed by the Executive Orders.

LAC region

- **Haiti** has the highest rate of HIV/AIDS infection in the Western Hemisphere. Despite this startling fact, the government has had no strategic plan to guide the implementation of the national response. After considerable POLICY assistance, the Minister of Public Health and Population formally released **Haiti's** official HIV/AIDS strategy, *The National Strategic Plan for the Prevention and Control of STDs and HIV in Haiti (2002 to 2006)*, on April 26, 2002. The objective of the National Strategic Plan is to reduce risk of infection, reduce the vulnerability of youth, women, and people living with HIV/AIDS, and mitigate the epidemic through care and treatment of people living and affected by HIV/AIDS. Local POLICY staff members have been active participants in the official technical group appointed by the MOH to prepare this document. POLICY worked in close partnership with UNAIDS throughout the process. MOH recognition of POLICY's contributions was included prominently in the acknowledgments section of the strategic plan.
- During the course of developing the first draft of the **Haiti** National HIV/AIDS Plan, staff of the Child Health Institute (IHE) greatly improved their planning processes, as evidenced by the use of an analytic framework, the effective use of data, and the considerable involvement of stakeholders in the planning process. The ministry's 1996 HIV/AIDS plan was a top-down process and did not meet either of these two criteria. For the current draft, local POLICY staff helped (and trained) IHE counterparts to incorporate epidemiological projections of AIDS from DEMPROJ and AIM (POLICY

SPECTRUM models). They also help incorporate lessons learned from other countries on the implementation of strategic plans. These were discussed by stakeholders and taken into account during the drafting process. IHE completed the draft National Strategic HIV/AIDS Plan on December 21, 2001, and submitted it to the MOH for approval.

- In **Mexico**, the secretary of health and senior officials from Yucatan IMSS and ISSTE (the national social security institutes with millions of members), attended the “March for Life,” an annual event organized by the state MCG on World AIDS Day, marking the first time high-ranking officials attended this type of event. The MCG, through its participation on the State AIDS Council and other forums, convinced the officials to participate in the MCG events for World AIDS Day. The MCG organized an informational session/press conference on November 28, 2001, leading up to World AIDS Day on December 1. The event was intended to publicize the Mexican government’s commitments from UNGASS as well as to discuss the theme of stigma and discrimination around HIV/AIDS. During the event, senior officials from IMSS and ISSTE, the national social security institutes, announced their intention to attend the March for Life on December 1, and the MCG was able to announce that the State Secretary of Health also planned to attend. The attendance of all three public officials at the march, along with an estimated 400 people constitutes a sign of real progress in a conservative state where HIV/AIDS remains highly stigmatized and the government’s public support has not been strong. In fact, this is the first time any State Secretary of Health has attended a public march on HIV/AIDS in all of Mexico—a fact striking in itself but even more so given that it happened in Yucatan, widely recognized as one of the most conservative states in Mexico. In his remarks on World AIDS Day, the secretary of health noted the importance of prevention programs directed to high-risk groups, including men who have sex with men, and also spoke of the problem of stigma and discrimination in the state. These statements and the show of support from public officials are an important indicator of the progress the MCG and POLICY are making in the state, to gain political support and improve the policy environment for HIV/AIDS programs.

4.4 Strengthened and expanded private sector organizations' responses to delivering HIV/AIDS information services

Africa region

- **Ethiopia** has one of the worst HIV/AIDS epidemics in Africa at 11 percent prevalence for the RH age population, and this proportion is probably growing rapidly. Poor or nonexistent workplace policies have been shown in other countries to fuel the spread of HIV/AIDS and foster stigma and discrimination. Therefore, strong workplace policies that include the protections of workers’ rights and prevention, care, and support programs are essential to mitigating HIV/AIDS in Africa. POLICY and the International Labor Organization worked with the Confederation of Ethiopian Trade Unions (CETU) to draft HIV/AIDS policy guidelines for the workplace. POLICY provided critical technical materials in the form of sample workplace guidelines from other countries and assisted in preparing the draft. CETU is an umbrella organization of over 400 basic trade unions organized under nine industry federations with approximately 400,000 members. As a result of this assistance, CETU formally adopted its *HIV/AIDS Workplace Guidelines* in March 2002. The objective of the guidelines is to promote productive work in the face of HIV/AIDS by preventing the spread of the disease, by mitigating the impacts of the disease, and by creating a working environment that is free of any form of discrimination. Scores of Ethiopian companies are now committed to implement the guidelines, which provide specific recommendations for interventions not previously funded with regard to dispensation of condoms in the workplace, education programs for workers, and provision of care and support services.

- The National Council of Churches in **Kenya** (NCCK) a membership organization representing more than 40 Protestant denominations, used information produced with support from POLICY to develop a campaign against HIV/AIDS stigma and discrimination, targeting clergy and laity through highly placed clergy leaders. POLICY started this process in May 2002 by developing materials for electronic and print media presentations on HIV/AIDS and its impacts on the clergy. With the support of various HIV/AIDS organizations (e.g., NACC, KENWA, Women's Organizations Fighting AIDS in Kenya (WOFAK), KANCO, KADA, and CAFS) and through a well-coordinated approach with the NCCK Secretariat, two presentations were featured on the agenda of the 56th NCCK General Assembly (August 2002), attended by more than 200 clergy leaders. POLICY facilitated the presentation with the support of two prominent PLWHA: (1) Rev. Cannon Gideon Byamunghisha of Uganda, an internationally renowned and respected advocate for the rights of PLWHA, and (2) Asunta Wagura, a nationally respected advocate for the rights of women living with HIV/AIDS. In September, POLICY transferred the presentations onto an electronic CD that will be reproduced for dissemination to churches throughout Kenya. Rev. Mutava Musyimi, the NCCK General Secretary, stated that the presentations developed and presented with POLICY's assistance had achieved in 10 minutes what the churches had struggled in vain to achieve during the past 10 years.
- In May 2001, POLICY/**Kenya** co-founded and has since co-led the national Gender and HIV/AIDS Technical Subcommittee of the NACC. The formation of this subcommittee marks the first time HIV/AIDS and gender advocacy groups, including community- and grassroots-level organizations, have been brought together. Subcommittee participants include staff of UNIFEM, the Society of Women with AIDS in Kenya (SWAK), Women Fighting AIDS in Kenya (WOFAK), Kenya AIDS NGOs Consortium (KANCO), Family Support Institute (FASI), the Center for Gender and Development, the University of Nairobi STD Center, UNIFEF, UNDP, and HAPAC (a DFID AIDS project). POLICY has provided substantial assistance and support to the subcommittee and its member organizations for awareness raising, policy dialogue, policy analysis, and strategy development. The work of the subcommittee has (1) highlighted gender vulnerabilities to HIV/AIDS, (2) provided technical guidance to NACC and donors for programming gender and HIV/AIDS activities, and (3) provided information to NACC to guide a review of the National AIDS Strategic Plan for gender sensitivity and to produce a National Gender and HIV/AIDS Policy and Strategy for mainstreaming gender into HIV/AIDS programs and activities. POLICY also assisted the subcommittee in developing a funding proposal to enable its members and consultants to conduct focus-group discussions in selected communities at the periphery as a means of obtaining their inputs to development of the national strategy. In January 2002, the World Bank agreed to provide the needed funds (\$20,000) to support the initiative to involve local communities.
- As a result of POLICY/**Kenya**'s technical assistance to the Inter-religious AIDS Consortium (IRAC), NACC has made a commitment to involve IRAC in HIV/AIDS issues and program deliberations and to be responsive to IRAC's concerns. IRAC initiated dialogue with NACC to express its commitment to engage HIV/AIDS issues and programs and its concerns about HIV/AIDS resource allocation and information, education, and communications (IEC) issues. IRAC is a coalition of more than 20 mainline religious groups, including Christian (both Protestant and Catholic), Organization of African Instituted Churches, Muslim, Hindu, and Sikh. Prior to the creation of IRAC, the HIV/AIDS-related activities of religious groups were scattered and uncoordinated, and there was no effective communication between religious organizations and national policymakers (e.g., NACC). POLICY has provided assistance to IRAC to increase awareness of HIV/AIDS issues, strengthen its leadership, and mobilize involvement of a large number of clergy and lay leaders from IRAC's member religious groups. POLICY also assisted IRAC in holding a large organizational, strategy, and planning

workshop. POLICY's assistance has improved IRAC's communications skills, improved the self-confidence of IRAC leaders, and achieved a united voice for IRAC-member religious organizations.

- In the course of POLICY's work, we often collaborate with other organizations to help them understand and appreciate policy issues in the countries in which we have programs. POLICY's **South Africa** office frequently receives requests for such visits and assistance. POLICY hosted a one-day visit by a delegation of donors participating in the Rockefeller Foundation Philanthropy Workshop on April 12, 2002, which was focused on grant making. Participants represented a range of interests, and there was no guarantee or obligation to give money to AIDS service organizations. POLICY staff and consultants briefed the delegation and arranged visits to local HIV/AIDS projects. As a result, the donors made \$70,000 in grants to three HIV/AIDS organizations: the Fikelela Children's Center, the Networking AIDS Community of South Africa, and the Community Health Media Trust.
- The core of the HIV/AIDS epidemic in **South Africa** (the country with the highest rate of HIV/AIDS prevalence in the world) can be found in the country's largest economic sector—the mining industry. Mining workers have been one of the key vectors in spreading HIV/AIDS to rural South Africa. Stimulating large mining companies to adopt HIV/AIDS workplace policies and programs will be key to controlling the epidemic in the country. As a result of POLICY assistance, Impala Platinum—the world's second largest platinum producer and with 28,300 employees—officially adopted an HIV/AIDS policy on December 7, 2001. The workplace policy's principal interventions are all designed to promote access to HIV/AIDS services. Specific services promoted in the comprehensive workplace policy include prevention programs, awareness and educational programs, and wellness management programs. POLICY facilitated a review of Impala Platinum's current HIV/AIDS workplace policy and program in July 2001 and provided ongoing TA in the drafting phases. The review involved both union representatives and senior management.
- In **South Africa**, following the national faith-based *Indaba* facilitated by POLICY, a nine-member National Working Group (composed of different church groups representing all nine provinces), named Faith Organizations in HIV/AIDS Partnership (FOHAP), was formed to coordinate the HIV/AIDS responses in this sector and to work in collaboration with the Department of Health and the South African National AIDS Council. The *Indaba*, held in March 2002, also resulted in key vision statements in critical areas of response such as care, prevention, leadership, counseling, death and dying, and pastoral care. These statements will guide the National Working Group's coordinating role, as well as serve as a framework for strengthened HIV/AIDS interventions across different faiths and within the broader sector. As a result of subsequent POLICY-facilitated consultative meetings, seven provincial FOHAP (Faith Organizations in HIV/AIDS Partnership) task teams were established in July 2002 (North West, Limpopo, Eastern Cape) and in August 2002 (Free State, Western Cape, Northern Cape, KwaZulu-Natal). The task teams will coordinate the sector's HIV/AIDS responses and to work in partnership with the Government AIDS Action Plan.
- The POLICY Project, with support from the OHA and the Africa Bureau, has been working with Anglican Communion of **Southern Africa** to plan and carry out its response to the HIV/AIDS epidemic. POLICY facilitated the planning sessions for the successful All Africa Anglican Conference held last August in Gauteng, South Africa, and helped design a tool to monitor implementation of the *Anglican Communion HIV/AIDS Strategic Framework*, which was developed during the conference. Following this conference, the church pledged its commitment to breaking the silence on HIV/AIDS in order to prevent new infections, end stigma and judgment, and confront poverty and gender inequities. POLICY prepared a report, which included the booklet "African Tales for Canterbury", that was presented to the Primates by the Archbishop of Cape Town, the Most

Reverend Njongonkulu Ndungane. Following this presentation and as a result of the success of progress made after the All Africa Anglican Conference, the Archbishop of Cape Town was asked to lead the Anglican Church's policy development and global strategy. On April 16, 2002, the Anglican Primates released a *Statement of Anglican Primates on HIV/AIDS*, reaffirming their commitment to address HIV/AIDS and implement the *Anglican Communion HIV/AIDS Strategic Framework* globally. This was the church's first international HIV/AIDS policy statement.

- As a result of assistance provided by POLICY/**South Africa** to the Church of the Province of Southern Africa (CPSA) between January and June 2002, seven dioceses (Umtata, Kokstad, Pretoria, Grahamstown and Cape Town (Jan/Feb 2002) Klerksdorp and Johannesburg (April/May/June 2002)) formulated and finalized plans to guide HIV/AIDS responses at the community level. This brings the total to 20 diocesan plans that have been submitted to Archbishop Reverend Ndungane and Ted Karpf, Provincial Canon Mission for HIV/AIDS for the CPSA to guide HIV/AIDS interventions by the Anglican Church. The diocesan plans will be used to develop a comprehensive HIV/AIDS strategic plan for the CPSA for 2003–2006.
- The Church of the Province of **Southern Africa** (CPSA) finalized its overall HIV/AIDS Strategic Plan on September 25, 2002, which synthesizes the planning processes that have taken place across 22 dioceses. The plan provides details for implementing the interventions described in the *Anglican Communion HIV/AIDS Strategic Framework* across the Church Province of Southern Africa. Over a nine-month period POLICY provided TA to CPSA to develop this strategic plan.
- On January 30, 2002, **Tanzania's** highest Islamic leader, Mufti Hemed bin Jumaa bin Hemed, publicly declared “war” on HIV/AIDS at the launching of the National Islamic Council's (BAKWATA) policy statement on HIV/AIDS. The Mufti placed emphasis on encouraging openness in discussions on safe sex practices and enhanced moral behavior and announced that BAKWATA is establishing an HIV/AIDS unit to develop outreach activities with every mosque on the mainland. He also issued a brochure summarizing the Council's position and policy on HIV/AIDS. POLICY provided BAKWATA with a small grant in March 2001 to hold a retreat with the Mufti and the Ulaama Council (senior Islamic advisors) to discuss HIV/AIDS and prepare a policy statement. A second small grant paid for the brochure (which POLICY also helped to prepare) and events leading up to the declaration.
- In **Tanzania**, at the launching of the National Islamic Council/BAKWATA's HIV/AIDS policy statement and declaration of war against HIV/AIDS, January 30, 2002, at Karimjee Hall, Dar es Salaam, Tanzania's highest Islamic leader, Mufti Hemed bin Jumaa bin Hemed, declared war on HIV/AIDS, placing emphasis on encouraging openness in discussions on safe practices and enhanced moral behavior. Speaking at the event was an HIV-positive Muslim man and woman. The Mufti also announced that BAKWATA is establishing an HIV/AIDS unit to develop outreach activities to every mosque on the mainland. BAKWATA's position on AIDS is summarized in a brochure prepared with POLICY technical assistance. The brochure and the launch were supported by a small grant. POLICY provided BAKWATA a first small grant in March 2001 to hold a retreat with the Mufti and the Ulaama Council (senior Islamic advisors) to discuss HIV/AIDS and prepare a policy statement. POLICY also supported participation of the Ugandan Islamic Medical Association and the Ugandan Mufti at the retreat that led to the development of the policy statement and strategy.
- In **Uganda**, during a one-week workshop conducted July 22–26, 2002, POLICY provided technical and financial support to the HIV/AIDS Committee of the Inter-religious Council of Uganda (IRCU) to complete its five-year strategic plan and global budget. The strategic plan, covering the period September 2002–August 2007, was formally adopted by the IRCU in August 2002. The plan aims to

mobilize resources for FBOs to respond to the HIV/AIDS-related needs in their communities, including support for OVC for which USAID has already made funds available through POLICY. In addition to IRCU members, participants included representatives of USAID, World Vision, and World Conference on Religion and Peace (WCRP). Following the workshop, POLICY, the Mission, and IRCU held a series of meetings to plan the additional TA, training, and financial support needed for the HIV/AIDS committee to operationalize the plan, including development of an implementation strategy for OVC.

- In **Zambia**, the HIV/AIDS Advocacy Network in Southern Province was formed in November 2001 following a POLICY-led TOT workshop. Twenty network members represent diverse HIV/AIDS programs and initiatives at community levels including NGOs, government ministries, and the media. The network's mission is to make the Southern Province HIV/AIDS-free through sensitization, advocacy, and alliance building. The network will meet during each district training workshop and will share information through district and community reports. To date, the network has conducted three workshops training a total of 56 participants including religious leaders (pastors, women's groups, youth groups), village headmen/women, chiefs, and local councilors.
- In May 2001, POLICY/**Kenya** co-founded and has since co-led the national Gender and HIV/AIDS Subcommittee of the NACC. The formation of this subcommittee marks the first time HIV/AIDS and gender advocacy groups have been brought together. Subcommittee participants include staff of UNIFEM, the Society of Women with AIDS in Kenya (SWAK), Women Fighting AIDS in Kenya (WOFAK), Kenya AIDS NGOs Consortium (KANCO), Family Support Institute (FASI), the Centre for Gender and Development, the University of Nairobi STD Centre, UNIFEM, and FHI/IMPACT. POLICY has provided substantial TA and support to the subcommittee and its member organizations, for awareness raising, dialogue, analysis, and strategy development. The work of the subcommittee has (1) highlighted gender vulnerabilities to HIV/AIDS, (2) provided technical guidance to NACC and donors for programming HIV/AIDS activities, and (3) provided information to NACC to guide a review of the National AIDS Strategic Plan for gender sensitivity and to produce a National Gender and HIV/AIDS Strategy for mainstreaming gender into HIV/AIDS programs and activities.

ANE region

- Monks in **Cambodia** often face HIV-related stigma and discrimination (S&D) as a result of their work with the local PLWHA community thus causing a huge barrier to their participation in mitigating the epidemic. Accordingly, the Wat Noria (NPC), a monk-based NGO, facilitated a Community Strategic Planning Workshop from April 8–9, 2002, which resulted in the development of a community HIV/AIDS strategic plan and contributed toward overcoming this stigma. A key factor in overcoming the S&D was the active participation in the planning and execution of the workshop by the Minister and Secretary of State for the Ministry of Women's and Veteran's Affairs, Princess Rattana Devi, the Deputy Provincial Governor, provincial monk leaders, and commune and village chiefs. In particular, the active participation of senior officials and the Princess was extremely influential in motivating key monks and community leaders to accept the role of the monks in HIV/AIDS advocacy. The Princess, in particular, has now become an important policy champion for HIV/AIDS both in the National Assembly and within the Royal Family, and speaks regularly about the role of monks as key behavioral change agents. POLICY trained NPC facilitators in advocacy methodologies, assisted with the strategic planning workshop and the development of the strategic plan, facilitated the involvement of the Princess, Minister, and Secretary of State, and helped them prepare for these public events.

- In **Cambodia**, the Community Strategic Planning Workshop implemented by the monk-based NGO, NPC, was successful in overcoming prejudices faced by monks as a result of their work with the local PLWHA community. Following the April 2002 workshop, the Eoung Thoung Buddhist High School, a monk training institution, asked NPC to conduct a HIV/AIDS Monk Sensitization Training Workshop for monks from five pagodas from Battambang Province. Using the curriculum devised by the monks at the previous NPC workshop, NPC facilitated the workshop on June 26–27, 2002, and successfully trained 25 monks in HIV advocacy skills. POLICY had previously trained the NPC facilitators who conducted the June workshop. In addition, the curriculum included a training module devised by POLICY staff to increase awareness of the recently passed HIV legislation in Cambodia.

LAC region

- In **Mexico**, on April 26, 2002, at the end of a one-week POLICY-sponsored workshop, 39 representatives from diverse organizations in the state of Vera Cruz voted to form a multisectoral citizen's group (MCG) to address HIV/AIDS in the state. The MCG members represent 20 government organizations, 15 NGOs, 2 journalists, 3 academics, and one faith-based organization, drawing from the south, north, and central zones of the state. Few if any of these groups has been involved in HIV/AIDS work. The Secretary of Health for Vera Cruz attended the closing events and witnessed the formation of the MCG. The MCG subsequently met two times: on May 9 for a press conference to draw attention to HIV/AIDS in the state, and on June 18 to name five new commissions and to share information with 18 people from Coatzacoalcos who are interested in joining the MCG. Following the press conference, a state newspaper, *El Diario de Xalapa*, printed a story noting that HIV/AIDS is a problem of state security.
- In **Mexico**, the multisectoral citizen's group (MCG) in Vera Cruz prepared a draft strategic plan that lays out policies and actions related to HIV/AIDS prevention, treatment, and care in affected sectors: health, education, tourism, armed services, and indigenous affairs. The MCG will now advocate for approval, adoption, and funding of the plan's interventions by the various state ministries, secretariats, and NGOs identified in the strategic plan. The plan, and the process of developing it, requires unprecedented collaboration between government and NGOs in the area of HIV/AIDS, as well as across organizations/ministries from multiple sectors. The plan was drafted in a POLICY-funded workshop in April 2002 and refined in subsequent meetings of the MCG's Commission for the Strategic Plan on May 18 and June 19.
- In **Mexico**, POLICY has supported the creation, establishment, and growth of multisectoral citizen's groups (MCGs) in several key states. Thanks to intensive POLICY assistance over the past few years, these groups have become powerful advocates for generating financial resources and government response to HIV/AIDS. POLICY still provides technical support to the Yucatan MCG. Recently, a joint advocacy effort by the Yucatan MCG in Merida and Carlos Méndez, Director of the NGO Oasis de San Juan de Dios and a leading member of the MCG/Yucatan, resulted in a new allocation of funds for HIV/AIDS testing and laboratory work (P\$1,500,000 or US\$160,000), antiretroviral treatment for 62 persons (P\$5,208,000 or US\$554,000), and special programs, in addition to a budget allocation for the state HIV/AIDS program of P\$2,179,000 (US\$232,000). The advocacy campaign included meetings with policymakers, collaboration with journalists to increase coverage of PLWHA needs in the state, and presentation of a proposal to the Global Fund for HIV/AIDS in an effort to meet the funding gaps. The State Planning Unit, in response to a request from the State Secretary of Health, issued the statement about increased funds in two announcements dated May 22 and May 29, 2002.
- POLICY's long-term advisor (LTA) in **Mexico**, Edgar Gonzalez, collaborated with SIDALAC to

facilitate a workshop in November 2001 on political mapping and HIV/AIDS in Ecuador at the request of an ASICAL member organization, as a follow-up to POLICY's work in Mexico with ASICAL through the SIDALAC Project. At the end of the workshop, the participants decided to form a national network of NGOs devoted to improving the policy environment for HIV/AIDS in Ecuador. They sent a note to SIDALAC, thanking them and POLICY for the workshop, and crediting Gonzalez with motivating the creation of the network.

- In the state of **Mexico**, the leader of the state's "Multisectoral Citizens Group" (MCG, founded and trained with POLICY support), Beatriz Ramirez, who also is the coordinator of the state HIV/AIDS program, solicited and obtained scholarships totaling US\$4,600 from conference organizers and the State Secretary of Health to cover travel expenses for nearly all of the 30 MCG members to attend the annual AIDS Today Symposium in Mexico City on October 8–9, 2001. The scholarships represent additional funds for HIV/AIDS that would not have otherwise been available to the MCG and demonstrate political support for the MCG in the state of Mexico from the state secretary of health. The MCG in the state of Mexico also coordinated with the State Institute for Health to plan and carry out the Fifth Annual Silent Night March on November 3, 2001. The MCG obtained \$6,850 in government funding to cover the costs of promotional materials for the march, as well as radio announcements inviting participation in the march and for five HIV/AIDS prevention messages (spots) to run on December 1, World AIDS Day.

4.5 Improved availability of and capacity to generate and apply data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts

Africa region

- In **Ethiopia**, the Regional AIDS Council of the Southern Nations and Nationalities People's Region (SNNPR) adopted an AIDS Policy on May 28, 2002, which makes use of data from the AIDS Profile booklet. POLICY sponsored the Regional AIDS Council meeting, which included substantive discussions among the participants about HIV/AIDS issues in the region, and assisted in the preparation of the profile.
- In **Ghana**, the National AIDS Control Program completed a final version of the *National HIV/AIDS/STI Policy* with POLICY assistance and formally submitted it on June 10, 2002, to the Minister of Health for his approval. The policy includes information from the AIM update carried out with POLICY assistance in July 2001.
- In **Kenya**, NACC policymakers used the results of the Goals Model application to discuss options for reallocating current HIV/AIDS resources and to plan the allocation of future resources to achieve greater impacts. Model development took place during the first part of this year and culminated at the May 2002 Joint AIDS Program Review in Nairobi, where the results were presented and discussed. POLICY assisted the NACC year to conduct the application of the Goals Model to assess resource allocation under Kenya's *National HIV/AIDS Strategic Plan* as measured by reductions in HIV prevalence. Three scenarios were produced: (1) the current program scenario, (2) an improved allocation scenario based on reallocating currently available resources to achieve maximum impacts, and (3) a full-cost scenario to assess total resources required to achieve Kenya's goal of reducing HIV prevalence among 15–24 year olds by 20–30 percent by 2005.
- The president of **Mali** made extensive use of the AIDS Impact Model (AIM) in leading public discussions on HIV/AIDS and promoting policy dialogue at national and subnational levels. The president's use of AIM grew out of the first meeting of an HIV/AIDS presidential advisory group in

which the MOH presented the AIM-based HIV/AIDS. The president called a second meeting and invited members of the private commercial sector for the purpose of sharing the information from AIM to make them aware of the potential impact on their future, and he presided over an Armed Forces Day celebration during which he reinforced the data from the AIM-based presentation made by the National AIDS Control Program (PNLS). He asked the MOH to produce a video of the presentation in a local language that he could use to speak on HIV/AIDS in a community setting. The PNLS and the Minister of Health prepared the video with POLICY assistance based on the AIM presentation, and the president's office organized an HIV/AIDS Advocacy Day in the town of Banamba on May 27, 2002. The president presided over the event, attended by a crowd estimated at 3,000 people, 10 Ministers of State, mayors, ambassadors (including the U.S. ambassador), about 600 village leaders from the surrounding area, and representatives of NGOs and international agencies, including USAID. The video was shown and used to guide discussion on trends and projections of HIV prevalence. The president stated that despite Mali's relatively low prevalence (1.7%), the country would suffer serious consequences if it did not increase efforts to combat AIDS, and pointed to the experience of other countries where low prevalence of HIV went unchecked and thereby grew to epidemic proportions. Following the AIM video, two well-known religious leaders spoke for the first time on live television and radio about the HIV/AIDS epidemic and the need for the religious community to play an active role in reducing the epidemic, drawing on the information from the video.

- In **Mali**, several government and nongovernmental organizations have used results from the AIDS Impact Model (AIM) in policy dialogue. For example, the President of Mali, and the Minister of Health used the information produced by the AIM in addressing the more than 200 religious leaders who attended the August 20 event. Following the workshop, imams and preachers cited HIV/AIDS figures that were produced by the AIM to speak out on the impact of HIV/AIDS on development in Mali in their mosques (e.g., August 23, Mosque of ACI 2000; and August 29, Mosque of Missira in Bamako). Religious leaders used the information on television, including an August 25, 2002 Malian TV show, "Actualite Hebdomadaire," on which they appeared as the principal guests. Population Services International (PSI) used the AIM in Segou (August 6–7, 2002) with religious leaders, and in Sikasso (August 27–28, 2002) for an advocacy workshop. CLUSA, an American organization financed by USAID, used its own funds to make copies of the POLICY-supported video on HIV/AIDS aimed at the community and has made presentations to more than 100 women leaders.
- POLICY/**Mozambique** is assisting the Inter-ministerial Technical Group in actively seeking out venues to present the results of the new projections and to incorporate them into program planning, implementation, and evaluation. Two Technical Group members, Isabel Nhatave and Dr. Noya, presented a lecture on epidemiological surveillance in the Faculty of Medicine, May 17, 2002. POLICY student assistant Matchecane Cossa prepared a list of possible training activities for the university and NGOs. The session was introduced by Curriculum Director Dr. Marlene and attended by 45 fourth-year medical students. In preparation for the lecture, POLICY reviewed the MOH STD/HIV/AIDS program, revised its handbook on epidemiological surveillance, and produced copies for the students.
- Information from the POLICY-supported HIV/AIDS factbook was used to support preparation of the government of **Mozambique** application to the Global Fund for Malaria, Tuberculosis, and HIV/AIDS.

LAC region

- **Haiti's** *National HIV/AIDS Strategy*, officially adopted in December 2001, used epidemiological projections prepared by POLICY using AIM. On April 26, 2002, when the Minister of Public Health and Population officially released the strategy, the technical group agreed that POLICY's projections were to be considered the official source of data on HIV/AIDS in Haiti, while awaiting the results of field research. First Lady Mildred T. Aristide also used POLICY's epidemiological projections in a national message in observance of the International AIDS Candlelight Memorial on May 19 that was reprinted in the Haitian National Newspaper "Le Nouvelliste." The AIM projections were also used in the successful proposal to the Global Fund to Fight AIDS. In addition, the *National AIDS Strategic Plan*, adopted in December 2001, used demographic and epidemiological projections prepared with POLICY assistance as well as results from the AIDS Program Effort Index for Haiti.
- In **Haiti**, several recent policy and planning documents use information produced with POLICY support. The December 2001 draft of the National Strategic HIV/AIDS Plan uses demographic and epidemiological projections and an analysis from the AIDS Program Effort Index. The Priority Action Plan of the MOH uses a conceptual framework developed by POLICY for a program to reduce maternal mortality using an approach that integrates specific maternal health services into the broader primary health care system. The World Bank document, "Etat des lieux de l'épidémie de VIH/SIDA en Haïti" [The Current State of the HIV/AIDS Epidemic in Haiti, September 2001], includes references to POLICY's HIV/AIDS epidemiological projections. HS2004 reports that NGOs used the "Minimum Package of Services" (PMS) as the basis for preparing their plans and strategies in their project submissions for funding, which were completed in 2001 POLICY I participated in the development of the PMS in 2000.

ANE region

- POLICY provided a small grant to the Khmer Buddhist Society in **Cambodia** for the society to produce a training module on *HIV/AIDS and Human Rights*, which was used to train 64 Buddhist leaders attending three-day training sessions between April and July 2002. The curriculum built on the APCASO HIV and Human Rights Training Manuals but modified the language and content for appropriate use with monks. The training raised awareness of HIV/AIDS and human rights issues among chief abbots and gained the support of the Patriarch of Monks to enable monks to work on HIV/AIDS care and support.

III. Country Summaries

1. Cambodia

Over the past year, POLICY/Cambodia assistance has aimed at building and strengthening the capacity of selected organizations to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support policies. Specifically, POLICY has focused on improving multisectoral involvement in the *National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS, 2001–2005* and on strengthening the participation of civil society with an emphasis on PLWHA and faith-based organizations and addressing stigma and discrimination (S&D) in partnership with Buddhist leaders. Future activities will focus on strengthening the capability of individuals, families and communities to protect and provide for their own health; improving the quality of information and services through an analysis of operational policy strengths and impediments to RH integration; and improving the capacity of health systems.

2. Ethiopia

POLICY Project activities in Ethiopia are directed toward scaling up the national HIV/AIDS effort by providing support in policy development and strategic planning to the National AIDS Council Secretariat (NACS), Regional AIDS Councils, and key HIV/AIDS NGOs. POLICY supports the implementation of Ethiopia's multisectoral HIV/AIDS program by providing TA in the areas of policy advocacy, priority setting, and use of information for policy and program development. POLICY also assists in increasing the understanding of crosscutting issues of gender and human rights in relation to HIV/AIDS.

3. Ghana

The goals of POLICY Project assistance in Ghana are to assist the government in finalizing and implementing a national policy on HIV/AIDS and STIs. Project assistance focuses on institution building for the National AIDS Control Program (NACP) of the Ministry of Health and strengthening its ability to support the work of the National AIDS Council (NAC), a high-level advisory body over which the vice president of Ghana presides, and the Ghana AIDS Commission (GAC), which is the technical secretariat of the NAC. Assistance also focuses on expanding the advocacy efforts of NGO networks in reproductive health and HIV/AIDS; and on supporting policy dialogue for newly elected members of the executive and legislative branches in collaboration with the Population Impact Project (PIP). Of particular note over the past year, POLICY and the NACP finalized and widely disseminated a new edition of the AIM and HIV/AIDS brochure. POLICY also continued to invest considerable time in advancing the approval process for the National HIV/AIDS/STI Policy, which had been approved by the Minister of Health under the previous administration. By the end of the year, the new Minister of Health—a NAC member—had approved the draft and requested that the NACP formally present it to the NAC for review, approval, and submission to the Cabinet.

4. Haiti

The goal of POLICY Project assistance in Haiti is to fill the policy void resulting from a severely weakened public sector by strengthening civil society's role, building public-private sector partnerships, and supporting the public sector's strategic planning process. Policy provided extensive assistance to the MOH and the Institute of Child Health (IHE) to develop a National HIV/AIDS Strategic Plan. POLICY produced epidemiological projections using AIM, prepared a document on the evolution of AIDS in Haiti, prepared an analytical report of lessons learned from countries with HIV/AIDS epidemics regarding

their national strategic plans, made presentations of AIM data and the reports to stakeholders involved in developing the plan, and helped to integrate the information into the plan. POLICY participated in finalizing the plan as well as the budget, including the analysis and incorporation of comments from all stakeholders. POLICY participated as a member of a committee to prepare Haiti's successful proposal to the Global Fund for the Fight Against HIV/AIDS, Malaria, and Tuberculosis, which included the AIM data in the annex. POLICY was invited to help plan for the implementation of the Global Fund project in Haiti and to participate in a group organized by the MOH which is developing policies for the care and treatment of persons afflicted with HIV/AIDS.

5. Kenya

POLICY/Kenya advocates for and supports the development of enabling policies and appropriate programs that promote a holistic approach to HIV/AIDS prevention and care as well as reduce stigma and discrimination. Most recently, POLICY/Kenya has focused on matters related to mainstreaming gender, AIDS home-based care, law reforms, national HIV/AIDS monitoring and evaluation frameworks, strategic planning processes, introducing HIV/AIDS issues into 20 government ministries' key operations and functions, building the capacity of the newly formed community-based Constituency AIDS Committees, and producing the 2001 data on HIV/AIDS to be used by programs. To enhance stigma reduction and dissemination of HIV/AIDS information, POLICY/Kenya supported the Legal Task Force on HIV/AIDS in producing a report on pertinent issues, which will inform the 2002 HIV/AIDS Prevention Bill. POLICY worked with FBOs on breaking the silence and advocating for a change and/or creation of policies that are sensitive to PLWHA. POLICY has also taken the lead in strengthening the networks of PLWHA and FBOs by providing necessary skills in management, advocacy, lobbying, and formation of coalitions. By working with KANCO and the uniformed services, the Kenya program has continued to advocate for the rights of marginalized segments of the population, including the police force, youth, women, and orphans and vulnerable children.

6. Malawi

In Malawi, POLICY's objective is to promote human rights and multisectoral participation, including participation of PLWHA, in the development, adoption, and implementation of a comprehensive national HIV/AIDS policy. POLICY is accomplishing this by working with and through the National AIDS Control Commission (NAC) and the Malawi Network of People Living with HIV/AIDS (MANET). POLICY is providing technical assistance, training, and other support to the NAC and a multisectoral policy advocacy committee that is shepherding the policy through the development, advocacy, and parliamentary review and approval stages. At the same time, POLICY is building the capacity of MANET in policy analysis, advocacy, research, and networking to facilitate their active involvement in the national HIV/AIDS policy development process. MANET is working to ensure the development and adoption of a national HIV/AIDS policy containing language supportive of PLWHA in combating HIV-related stigma and discrimination.

7. Mali

In support of the Mission's new Country Strategic Plan (CSP) 2003–2012, POLICY seeks to strengthen the capacity of public and private sector counterparts to advocate to improve the policy environment for HIV/AIDS. POLICY's strategy is to channel its assistance primarily through the National AIDS Program (PNLS), helping it to provide the leadership and direction necessary for advocacy to succeed. POLICY also seeks to facilitate greater collaboration among government agencies and between the public and private sectors by using a participatory process in transferring skills and knowledge in policy analysis, policy dialogue, and advocacy. POLICY also supports the Groupe Pivot, an NGO representing over 150

NGOs, which has a close working relationship with government agencies and has received advocacy training and TA under POLICY I. Assistance has taken the form of 1) information generation, analysis, and updating using the AIM and the latest DHS in a participatory process with other ministries and NGOs; 2) training and TA in using presentations based on the AIM results to support advocacy and policy dialogue; 3) institutional strengthening of the PNLS by providing direct TA in planning as well as carrying out the first two activities through these agencies; and 4) support for high-level policy dialogue and widely publicized advocacy. By the end of the year, the out-going president of Mali and prominent religious leaders had expressed strong and public commitment to mobilizing the country's resources to keep the epidemic in check and mitigate its impact, and advocacy teams at the national and regional level were being trained and had initiated activities.

8. Mexico

In Mexico, the POLICY Project works to promote enhanced participation in policy and planning processes and improve the policy environment for HIV/AIDS in targeted states. The project helps form multisectoral planning groups (MCGs), composed of a broad range of state and local organizations working in HIV/AIDS and related fields, helping them develop integrated strategic plans for HIV/AIDS that address the needs of the states' vulnerable populations as well as strengthening members' skills in advocacy, policy dialogue, and multisectoral coordination and partnerships. POLICY provides follow-up assistance to help establish the planning groups as permanent advisory boards that, among other things, advocate for HIV/AIDS policy in their states. Additionally, POLICY provides technical updates and training on key issues, including youth and adolescents, HIV/AIDS and human rights, gender issues, and advocacy for HIV/AIDS. Since 1998, this program has been referred to as the MCG program. Additionally, POLICY has a core package in place to develop and test innovative approaches to stigma and discrimination around HIV/AIDS in the Federal District State of Mexico and Yucatan.

9. Mozambique

POLICY objectives in Mozambique are to facilitate intersectoral collaboration, enhance local ability to analyze policy on HIV/AIDS, and strengthen planning and advocacy for national responses to the HIV/AIDS epidemic through the use of up-to-date, technically sound information. POLICY facilitates collaboration of health and non-health sectors in strengthening HIV sentinel surveillance, data analysis, and HIV/AIDS projections and impact analyses; the second focus is utilization of that information in program design, implementation, and evaluation. POLICY's counterpart is the Interministerial Technical Group, which consists of representatives from the National Statistics Institute; ministries of Health, Plan and Finance, and Education; and the faculties of Medicine and Economics and the Center for Population Studies at Eduardo Mondlane University.

10. Nepal

POLICY has provided assistance in Nepal to strengthen the capacity of the National Centre for AIDS and STD Control (NCASC) and the Ministry of Health to enable them to effectively respond to the HIV/AIDS epidemic and become the technical authorities on HIV/AIDS/STI. POLICY and local partners conducted a rapid assessment of Nepal's HIV/AIDS policy environment in March 2002 to identify policy barriers to the effective implementation of the national response and to recommend policy improvements to the new national HIV/AIDS strategic plan (2002–2005) that is currently under development.

POLICY has also developed a comprehensive analysis of HIV/AIDS policy gaps, constraints, and opportunities, which is being extensively used by other donors and local stakeholders. One of the

continued areas of assistance will involve technical assistance at the national level in developing a workplan and multisectoral management structure for NCASC, developing the framework and content for the first Nepal HIV/AIDS Conference, and addressing critical issues such as stigma and discrimination issues around care and support, and treatment that could negatively impact an effective expanded response.

11. Nigeria

The POLICY Project in Nigeria, in conjunction with stakeholders and interest groups, is working through a multisectoral approach to increase political support, planning, and financing for high-quality HIV/AIDS services. Activities include development of HIV/AIDS policies in the civilian and military population, development of strategic plans and advocacy for HIV/AIDS, research on the effects of HIV/AIDS on vulnerable segments of the population, and using accurate information for advocacy and planning. The project is also working with FBOs to develop policies on HIV/AIDS and to increase support among such organizations for such policies.

12. Philippines

POLICY Project advocacy work for HIV/AIDS in the Philippines is anchored on the project's local advocacy principle that FP/RH and HIV/AIDS are governance issues as well as health concerns. All HIV/AIDS orientation seminars and validation workshops conducted in eight cities over the past year have engaged the participation of all sectors within the communities. POLICY has collaborated with appropriate agencies, e.g., the Philippine National AIDS Council (PNAC) and the Department of Interior and Local Government (DILG), to fast-track local policy advocacy for HIV/AIDS. This collaboration has resulted in either strengthening existing area-based local AIDS councils, or in creating new local AIDS councils through the execution of Executive Orders such as those in Laoag City and San Fernando City in the Northern Philippines. POLICY has also supported training seminars among members of these multisectoral local HIV/AIDS councils focused on the basic concepts of HIV/AIDS and on policy gap identification skills. The project also commissioned studies on the risk of men having sex with men and on stigma and discrimination in the workplace to generate timely data for use in advocacy materials and messages.

13. REDSO/ESA

POLICY activities seek to build the capacity of HIV/AIDS institutions in the region. One of the three principal African partners receiving REDSO/ESA support is the Commonwealth Regional Health Community Secretariat (CRHCS). POLICY is building the capacity of the CRHCS, in particular, to strengthen policy analysis, formulation, dialogue, and advocacy activities, both within the CRHCS itself and across the 14-member countries. POLICY recently helped CRHCS produce a regional HIV/AIDS strategy and resource mobilization plan.

14. South Africa

The goal of POLICY Project assistance in South Africa is to continue to build and strengthen the capacity of organizations and institutions across all sectors to design, implement, and evaluate comprehensive HIV/AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STD program. This is accomplished by assisting different role-players in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for

policy and program development. Additionally, POLICY has a core package in place to develop and test innovative approaches to stigma and discrimination in a generalized HIV/AIDS epidemic.

15. Tanzania

The goal of POLICY Project assistance in Tanzania is to improve the policy environment for HIV/AIDS and reproductive and child health (RCH). Objectives include building and strengthening the capacity of government and civil society organizations and institutions across all sectors to advocate for policy change within and outside their organizations to improve the design, implementation, and evaluation of HIV/AIDS prevention, care, and support programs and policies. Project assistance focuses on improving multisectoral capacity and involvement in the country's national HIV/AIDS and STD program. Activities are being accomplished by assisting different stakeholders in developing and implementing effective advocacy strategies for HIV/AIDS; strengthening collaboration between the governmental and nongovernmental sectors; encouraging effective planning for HIV/AIDS programs; and increasing the information used for policy and program development.

16. Uganda

Toward the end of the year, the Mission asked POLICY to provide TA, training, and financial support to the HIV/AIDS Committee of the Inter-Religious Council of Uganda (ICRU) and to community and FBOs to plan and implement HIV/AIDS-related activities with a special focus on OVC. The IRCU was created by the Anglican, Muslim, Roman Catholic, and Orthodox communities with the aim of promoting health, spiritual values, and welfare of Ugandans. POLICY also works with the civil society Uganda Reproductive Health Advocacy Network (URHAN), Uganda's first such organization, on advocacy activities to promote policies and programs for adolescent reproductive health (ARH), including HIV/AIDS. The first advocacy activity revolved around the approval of an ARH policy by the Ministry of Health. By the end of the year, the network was also in the process of developing a district-level advocacy effort aimed at increased support for ARH programs, including HIV/AIDS.

17. West Africa Regional Program (WARP)

The goal of POLICY Project assistance to WARP is to strengthen political commitment to HIV/AIDS programs. Assistance focuses on generating information critical to policy decision making in HIV/AIDS and expanding the roles of parliamentarians, NGOs, and other significant groups. This is accomplished by assisting with applications of AIM at the regional and country level, development of plans for effective dissemination of AIM results, the preparation of regional and country-level presentations and booklets for audiences, such as U.S. ambassadors and national and district decision makers, and workshops directed at parliamentarians, NGOs and other partners to strengthen their roles in addressing HIV/AIDS. Regional partners critical to project success include the Forum of African/Arab Parliamentarians for Population and Development and the Family Health and AIDS Project. Over the past year, POLICY supported the Burkina Faso AIDS Control Program to use the AIM to develop a national HIV/AIDS brochure, collaborated with eight Francophone countries to produce a regional AIM and an HIV/AIDS brochure, and conducted two workshops with representatives of the eight countries to identify and address critical HIV/AIDS policy gaps. Activities led to preparations for a workshop for parliamentarians in the subsequent year to strengthen their role in their HIV/AIDS programs and develop more a supportive legislative framework.

18. Zambia

Located in the heart of the African AIDS belt, Zambia has one of the worst HIV/AIDS epidemics in the world. The country's decentralization program means that much of the continued response to the epidemic will be determined at district and community levels. POLICY's objectives in Zambia are to enhance HIV/AIDS responses and to promote HIV/AIDS-related human rights. POLICY's program focuses on three theme areas: (1) information for policy dialogue and planning; (2) multisectoral response focused at the district level; and (3) human rights and support to the NZP+. POLICY will build and strengthen the capacity of partner organizations and institutions to design, implement, and advocate for programs at national, provincial, and district levels. POLICY will support the National AIDS Council (NAC) in implementing the National HIV/AIDS Strategic Framework by strengthening NAC's coordination role and helping NAC to define the multisectoral response. POLICY will work in close collaboration and coordination with key stakeholders, including the government of Zambia, NGOs, FBOs, CAs, and donors.

IV. Problems and Constraints

The POLICY Project has, in general, not encountered any significant portfolio-wide constraints. To the contrary, among both USAID Mission field staff and the IWG members, there has been growing recognition of the importance of an enabling policy environment. Because of this support, the POLICY Project has received numerous requests for an increasing range of policy support assistance, which has involved a large number of POLICY Project staff members.

One problem that is facing the entire HIV/AIDS community is the challenge of developing the human capacities needed to meet the demands of the pandemic. All too often, the demands outpace the supply of highly skilled professionals available to address HIV/AIDS. In particular, providing technical and management leadership in the countries in Africa hit hard by HIV/AIDS is an ongoing concern. And POLICY too has felt this burden. To build our HIV/AIDS capacity, POLICY has been fortunate to recruit five additional staff for its Washington-based office: Felicity Young, who will serve as the IR1 Director for HIV/AIDS Advocacy/Participation; Anne Eckman, who brings experience in gender-related issues and HIV/AIDS; Omar Perez, who specializes in MSM and PLWHA empowerment; Brenda Rakama, who has expertise related to community mobilization and HIV/AIDS in Africa; and Alphonse Bigirimana, who will enhance our monitoring and evaluation capabilities. The project has also expanded staff in field offices, including the Malawi country office and the Southern Africa regional program.

As a project with an expanding HIV/AIDS portfolio, the issue of integration of FP/RH and HIV/AIDS has become more evident, which brings with it many opportunities and challenges. Some of these challenges include meeting staffing and training needs, balancing resource allocation, and determining complementary goals and objectives. Several technical and managerial issues are also faced in trying to achieve optimal and meaningful integration of FP/RH and HIV/AIDS policies, programs, and services. To be effective and sustainable, integration should only be emphasized in those situations where it makes the most sense programmatically. To that end, POLICY pursues select policy activities aimed at developing and strengthening meaningful policy synergies: encouraging holistic approaches to preventing mother-to-child transmission (e.g., improving family planning services in order to avoid unwanted pregnancies); promoting dual protection strategies; and meeting the reproductive health needs of HIV-positive women. As an example, POLICY has commenced work in Ukraine to improve access to FP/RH services for HIV-positive pregnant women.

On the administrative side, the semi-annual reports required for the OPRH enable our staff to reflect on past accomplishments, highlight successful partnerships, and outline ongoing priorities. They provide a valuable tool for recording the project's legacy and lessons learned. At the same time, the different deadlines (April/October for the OHA and January/July for the OPRH) and different reporting criteria can lead to a duplication of effort as well as contribute to the diversion of staff time away from other project implementation priorities. While it helps focus our attention on achieving meaningful results, another activity that is proving to be time-consuming is the programmatic database (PDB.) It appears that the PDB is best suited for service-oriented projects. Incorporating policy-type activities into the system has been and continues to be quite challenging. In order to ensure a fair reflection of both the depth and scope of policy activities, POLICY has been actively engaged in ensuring that the fields currently available in the PDB are expanded. We are actively pursuing ways to minimize the reporting burden to both the OPRH and the OHA and to avoid duplication of effort.

V. HIV/AIDS Financial Summary

The POLICY Project financial reporting system has been in operation since September 1995 and provides detailed financial reporting to USAID in the form of Quarterly Financial Reports, which include information on budget, expenditures, and level of effort by source of funds and also by country and activity. POLICY Project core funds provided by the OHA are tracked using separate project codes and subactivity codes.

Financial information pertaining to POLICY's HIV/AIDS work for the period October 1, 2001 to September 30, 2002 is shown in the table below.

Source	Total Obligations	Expenditures Through 9/30/01	FY02 Expenditures	Pipeline
GH/OHA Core	5,490,000	712,383	2,171,525	2,606,092
Africa Region/Southern Africa	3,205,000	742,939	1,053,536	1,408,525
ANE Bureau	1,604,000	6,127	172,095	1,425,778
HIV/AIDS Field Support	23,224,000	3,462,010	5,732,947	14,029,044
HIV/AIDS MAARDs	3,336,516	1,706,456	507,068	1,122,992
Total	36,859,516	6,629,915	9,637,171	20,592,430